



Quarterly Progress Report October 1 - December 31, 2009

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<p>The author's views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.</p>

LIST OF ACRONYMS

ADCH	-	Arthur Davison Children's Hospital
ANC	-	Antenatal Care
ART	-	Antiretroviral Therapy
ARTIS	-	Antiretroviral Therapy (ART) Information System
ARV	-	Antiretroviral
ASWs	-	Adherence Support Workers
AZT	-	Zidovudine
BD	-	Beckton-Dickinson
CD4	-	Cluster of Differentiation (type 4)
CHAZ	-	Churches Health Association of Zambia
CT	-	Counseling and Testing
DBS	-	Dried Blood Spot
DECs	-	Data Entry Clerks
DHOs	-	District Health Offices
DNA PCR	-	Deoxyribonucleic Acid Polymerase Chain Reaction
EID	-	Early Infant Diagnosis
EMS	-	Express Mail Delivery
ESA	-	Environmental Site Assessment
FHI	-	Family Health International
GIS	-	Geographical Information System
GRZ	-	Government of the Republic of Zambia
HAART	-	Highly Active Antiretroviral Therapy
HCWs	-	Health Care Workers
IT	-	Information Technology
KCTT	-	Kara Counseling and Training Trust
LMIS	-	Laboratory Management Information Systems
MCH	-	Maternal and Child Health
MIS	-	Management Information System
MOH	-	Ministry of Health
MSH	-	Management Sciences for Health
MSL	-	Medical Stores Limited
NAC	-	National AIDS Council
OIs	-	Opportunistic Infections
PCR	-	Polymerase Chain Reaction
PEPFAR	-	Presidents Emergency Plan for AIDS Relief
PHOs	-	Provincial Health Offices
PITC	-	Provider Initiated Testing and Counseling
PLHA	-	People Living with HIV and AIDS
PMTCT	-	Prevention of Mother to Child Transmission
QA	-	Quality Assurance
QC	-	Quality Control
QI	-	Quality Improvement
RA	-	Recipient Agreement
RHC	-	Rural Health Centre
SOP	-	Standard Operating Procedures
TA	-	Technical Assistance
TB	-	Tuberculosis
TOT	-	Training of Trainers
TWG	-	Technical Working Group
USAID	-	United States Agency for International Development
UTH	-	University Teaching Hospital
ZPCT	-	Zambia Prevention Care and Treatment Partnership

EXECUTIVE SUMMARY

MAJOR ACCOMPLISHMENTS OF THIS QUARTER:

The Zambia Prevention, Care and Treatment Partnership II (ZPCT II) is a five year (June 01, 2009 to May 31, 2014) US\$ 124,099,097 contract with USAID through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). ZPCT II works with the Ministry of Health (MOH), the provincial health offices (PHOs), and district health offices (DHOs) to strengthen and expand HIV/AIDS related services in five provinces: Central, Copperbelt, Luapula, Northern and North Western. ZPCT II supports the Government of the Republic of Zambia (GRZ) goals of reducing prevalence rates and providing antiretroviral therapy (ART) by implementing technical, program and management strategies to initiate, improve and scale-up prevention of mother-to-child transmission (PMTCT), counseling and testing (CT) and clinical care services for people living with HIV/AIDS (PLHA), including ART.

During this quarter, ZPCT II supported implementation of HIV/AIDS services in 270 of the 271 targeted health facilities for year one in 39 districts in the five target provinces. Key activities and achievements for this reporting period include:

- CT services were provided in 270 health facilities, with 78,321 individuals receiving CT services in these facilities.
- PMTCT services were provided in 260 facilities. 36,748 women received PMTCT services and 5,079 were provided with a complete course of ARV prophylaxis.
- Clinical palliative care services were provided in 270 health facilities. A cumulative number of 130,544 individuals received palliative care from these facilities with 12,865 new clients enrolled into care this quarter.
- ART services were available in 36 of the 39 supported districts with three districts-Milenge, Mpongwe and Masaiti - not targeted for ART in this work plan year due to lack of clinicians in the district. This quarter, a total of 7,854 new clients (including 655 children) were initiated on antiretroviral therapy through 117 ART sites of which 52 are static and 64 are outreach sites. Of the 117 ART sites, 113 reports independently and four sites report through the bigger facilities. Cumulatively 95,761 individuals were receiving antiretroviral therapy at all ZPCT II supported sites and of these, 6,782 were children.
- The following training courses were conducted this quarter across the five ZPCT II supported provinces
 - 40 health care workers (HCWs) and 62 lay counselors were trained in basic CT
 - 44 HCWs and 15 lay counselors already trained in basic CT, were trained in child counseling
 - 60 HCWs and 40 lay counselors were trained in couple counseling through a two week course
 - 12 HCWs and 12 lay counselors experienced in CT were trained in counseling supervision
 - 17 lay counselors were trained in youth CT
 - 310 HCWs were trained in a six day course in the provision of PMTCT services
 - 50 community volunteers were trained in provision of PMTCT services through a six days course
 - 23 HCWs from 22 facilities from the Copperbelt Province were retrained and updated with new information on PMTCT
 - 47 HCWs from 41 facilities from Central and Luapula Provinces were trained in two, five days family planning trainings.
 - 78 HCWs were trained in pediatric ART and opportunistic infection (OI) management
 - 67 HCWs were trained in ART and OI management through three two week courses
 - 46 HCWs were trained in ART/OI through two in-house trainings at Kitwe and Ndola Central Hospitals
 - 25 community volunteers were trained in adherence counseling through a two week course
 - 100 HCWs were trained in dry blood spot (DBS) collection
 - Eight HCWs were trained as trainers in MC from Central, Luapula, Northern, and North-Western provinces, and 11 ZPCT II technical staff from the five provinces. In addition, 25 HCWs were trained in MC from 13 health facilities of Central and Northern provinces

- 49 HCWs were trained in equipment maintenance use and ART commodity management for laboratory and pharmacy

ZPCT II Project Target / Indicator Table

Objective	Indicator	Project Targets (LOP)	Year One Workplan Targets	Achievements Q1 (Oct-Dec 2009)
1.1 Counseling and Testing (Projections from ZPCT service statistics)				
	Service outlets providing CT according to national or international standards	370	271	270
	Individuals who received HIV/AIDS CT and received their test results (including TB)	728,000	118,333	78,321
	Individuals trained in CT according to national or international standards	2,316	520	156
1.2 Prevention of Mother-to-Child Transmission (Projections from ZPCT service statistics)				
	Service outlets providing the minimum package of PMTCT services	359	262	260
	Pregnant women who received HIV/AIDS CT for PMTCT and received their test results	572,000	94,167	36,748
	HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	72,000	11,214	5,079
	Health workers trained in the provision of PMTCT services according to national or international standards	5,325	1,150	333
1.3 Treatment Services and Basic Health Care and Support (Projections from ZPCT service statistics)				
	Service outlets providing HIV-related palliative care (excluding TB/HIV)	370	271	270
	Individuals provided with HIV-related palliative care (excluding TB/HIV) (adults and children)	560,000	90,000	130,544
	Pediatrics provided with HIV-related palliative care (excluding TB/HIV)	60,000	10,000	10,020
	Individuals trained to provide HIV palliative care (excluding TB/HIV)	3,120	600	193
	Service outlets providing treatment for TB to HIV+ individuals (diagnosed or presumed) in a palliative care setting	370	271	270
	HIV+ clients attending HIV care/treatment services that are receiving treatment for TB	17,000	2,667	1,324
	Individuals trained to provide treatment for TB to HIV+ individuals (diagnosed or presumed)	3,120	600	193
	Registered TB patients who received HIV/AIDS CT and their test results at a USG-supported TB service outlet	30,400	4,683	1,345
	Service outlets providing ART	130	121	113
	Individuals newly initiating on ART during the reporting period	115,250	19,167	7,854
	Pediatrics newly initiating on ART during the reporting period	11,250	1,667	655
	Individuals receiving ART at the end of the period	146,000	79,732	95,761
	Pediatrics receiving ART at the end of the period	11,700	5,726	6,782
	Health workers trained to deliver ART services according to national or international standards	3,120	600	193
1.4 Male Circumcision (ZPCT II projections)				
	Service outlets providing MC services	50	16	3
	Individuals trained to provide MC services	260	100	33
2.1 Laboratory Support (Projections from ZPCT service statistics)				
	Laboratories with capacity to perform: (a) HIV tests and (b) CD4 tests and/or lymphocyte tests	111	96	84
	Individuals trained in the provision of laboratory-related activities	375	80	33

ZPCT II Project Target / Indicator Table

Objective	Indicator	Project Targets (LOP)	Year One Workplan Targets	Achievements Q1 (Oct-Dec 2009)
	Tests performed at USG-supported laboratories during the reporting period: (a) HIV testing, (b) TB diagnostics, (c) syphilis testing, and (d) HIV/AIDS disease monitoring	3,813,000	635,500	261,263
2.2 Capacity Building for Community Volunteers (Projections from ZPCT service statistics)				
	Community/lay persons trained in counseling and testing according to national or international standards (excluding TB)	2,506	506	146
	Community/lay persons trained in the provision of PMTCT services according to national or international standards	1,425	285	50
	Community/lay persons trained in the provision of ART adherence counseling services according to national or international standards	600	120	25
3 Capacity Building for PHOs and DHOs (ZPCT II projections)				
	Local organizations (PHOs and DHOs) provided with technical assistance for HIV-related institutional capacity building	47	-	0
4 Public-Private Partnerships (ZPCT II projections)				
	Private health facilities providing HIV/AIDS services	30	6	0

Target Discussion

Some of the targets are either low and already met. The follow reviews these targets:

- Individuals who received HIV/AIDS CT and received their test results (including TB) - 78,321 – The number of clients reached per month is high due to the increased number of sites. Each month they reach over 26,000 clients are reached with CT services.
- Health workers trained in the provision of PMTCT services according to national or international standards. We have reached 333 of the 1,150. This is low but we will meet this target since training was delayed as we found appropriate trainers through the consultancy contracts.
- Individuals provided with HIV-related palliative care (excluding TB/HIV) (adults and children). This is a cumulative target and includes the numbers reached through ZPCT. 12,865 new clients were enrolled in care this quarter and 10,801 last quarter. The LOP targets were developed a year ago which are now low considering the increased uptake.
- Pediatrics provided with HIV-related palliative care (excluding TB/HIV) - 10,020 – This is a cumulative number and 992 new pediatric clients enrolled in care this quarter with 885 reached last quarter for ZPCT II. The LOP targets were developed a year ago which are now low considering the increased uptake.
- Individuals receiving ART at the end of the period. This is a cumulative number. The LOP targets were developed a year ago which are now low considering the increased uptake.
- Pediatrics receiving ART at the end of the period - This is a cumulative number. The LOP targets were developed a year ago which are now low considering the increased uptake.
- Service outlets providing MC services – The training took place in December and the services just started in these three sites late December. The number of clients seen will be reported in the next quarterly report as the reporting system is rolled out. The sites are in Central Province and include Chitambo Hospital, Liteta Hospital Kabwe Mine Hospital.
- Community/lay persons trained in the provision of ART adherence counseling services according to national or international standards. This number is low due to the logistics of setting up the ZPCT II partner working in the community. Training started in December and the target will be met by the end of the work plan year.

PROGRAM AND FINANCIAL MANAGEMENT

Partner Collaboration:

During this reporting period a ZPCT II partners' meeting was held on November 5, 2009 at the Intercontinental Hotel, Lusaka. The purpose of this meeting was to introduce the project and its partners and to clarify roles and responsibilities in relation to the project. The overall strategic approach of the project was presented including year one implementation plans and the technical strategies. During the meeting, achievements in the initial ZPCT project were presented to highlight key areas in ZPCT II.

Sub partner activities:

Management Sciences for Health (MSH): MSH is the lead partner responsible for providing technical leadership and assistance on laboratory and pharmaceutical services for ZPCT II and at the national level. MSH activities for this quarter are detailed under *objective 2.1*

CARE International: CARE Zambia is the lead partner in mobilizing communities to access HIV/AIDS services and enhance existing referral networks for prevention, under ZPCT II.

This quarter, CARE Zambia completed recruitment of provincial staff, trained community volunteers in CT and adherence counseling, and supported mobile CT across the five provinces. CARE Zambia activities for this quarter are detailed under *objectives 2.2 and 2.3*

Social Impact: (SI): SI is responsible for developing the gender strategy under ZPCT II to increase the capacity to integrate gender considerations in HIV/AIDS service delivery, to improve program quality. SI activities are detailed under *objective 3.2*

Emerging Markets Group (EMG): EMG is responsible for developing the capacity building strategy and conduct trainings for the PHOs and DHOs to manage ZPCT II program activities at the project's close. This quarter meetings were held with the MOH at the central level to discuss the approach for developing the capacity building strategy, the approaches for profiling the PHO and DHO structures and the development of the assessment tools. EMG activities for this quarter are detailed under *objective 3.1*

Churches Health Association of Zambia (CHAZ): CHAZ is the partner for working with church-run health facilities in order to provide services to enhance MOH service delivery goals. CHAZ has partnered with ZPCT II to enhance services in seven mission hospitals and health facilities across three provinces.

KARA Counseling and Training Trust (KCTT): KCTT is the partner responsible for training of facility and community-based health workers in counseling and testing (CT) services under ZPCT II. During this quarter, KCTT conducted training courses on basic CT, couple counseling, and CT supervision. KCTT training activities are detailed under *objective 2.2*

University Teaching Hospital Male Circumcision Unit (UTH MC): UTH MC unit is the partner for MC trainings and mentoring of trainees under ZPCT II. A subcontract to facilitate training of HCWs in male circumcision was signed with the Surgical Society of Zambia (SSZ). This quarter the SSZ completed one MC trainer of trainers and two MC provincial trainings. MC activities are detailed under *objective 1.4*

Health Facility Support

Recipient agreements: ZPCT II is providing programmatic, financial and technical support to 271 facilities across 39 districts of the five provinces through a recipient agreement mechanism. While only 270 facilities are reporting this quarter, the additional facility will be reached next quarter and is included in the recipient agreement. The recipient agreements with the PHOs, DHOs, hospitals, and UTH are supported through a mechanism to provide the assistance agreed upon mutually without direct granting of funds to the recipients or any government institution. FHI will directly manage these funds. FHI is currently managing 56 recipient agreements signed with 39 DHOs, 11 hospitals, five PHOs, and one with UTH. These agreements will run from

August 1, 2009 to May 31, 2010. In addition to subcontracts, two MOUs were signed with local partners Ndola Catholic Diocese, and Mpatamatu Home Based Care in strengthening community ART outreach programs.

Renovations and environmental site assessments: During this quarter, tender documents were developed for 79 facilities and tender advertising is ongoing. One contract was signed for Chiyeke RHC and the remaining contracts will be signed in the next quarter. All renovation works are expected to start in the next quarter.

Facility Graduation Sustainability Plan

ZPCT II has graduated ten districts and has plans to graduate two more under this year one workplan period. These ten districts were initially graduated towards the end of ZPCT I. However, with the expansion of ZPCT II new facilities were added in some of these districts and MC services are also a new program area. Therefore we are still providing some technical assistance for the new facilities and the MC sites to ensure quality service provision. ZPCT II has continued to monitor the post graduation management plans jointly developed with the graduated districts to maintain and sustain quality of services and to ensure continued technical support by our MoH partners.

Procurement

During this quarter, 51 hemocues, 63 fire extinguishers, 60 UPS, 57 printers, 53 computers, 16 binocular microscopes, 12 bench centrifuge, 13 auto claves, 12 RPR shaker, 14 blood mixers, 77 fetal scopes, and 87 diagnostic sets were ordered and will be delivered to the supported facilities once received from the suppliers.

Gender

ZPCT II will conduct a gender assessment and develop a gender strategy in the next quarter. The strategy will be used to integrate gender considerations into prevention, care and treatment services at facility and community level. A consultant under Social Impact has been identified and approved by the USAID Contracts Officer to conduct this task in the next quarter.

Capacity Building

This quarter meetings were held with the MoH at the central level and in the Copperbelt and Central Provinces to discuss the approach for developing the capacity building strategy, the approaches for profiling the PHO and DHO structures and the development of the assessment tools. As a result a capacity building strategy working document was developed and is being finalized by the ZPCT II team. The final document will be submitted to the MOH for further discussion on the way forward to be inclusive of non ZPCT II supported provinces

Prevention

Community prevention activities which include strengthening and expanding referral networks, trainings for TBAs and youth CT providers, and mobilizing communities for prevention for positives, including male involvement will be scaled up in the next quarter, building on the existing prevention activities that were initiated under the previous ZPCT program.

Human Resources (HR)

At the end of this quarter, 222 positions were filled of the total 256 ZPCT II approved positions. The HR team continues to recruit and fill the remaining vacancies. Ten ZPCT II staff received staff development training this quarter.

Information Technology (IT)

The IT team conducted refresher training on Microsoft Office Suite and Network usage for ZPCT II staff. This quarter ZPCT II received the new phone system and testing has commenced in Lusaka. M&E unit was assisted with rolling out internet access using GPRS modems in the health facilities. A pilot to use SMS technology to inform clients about laboratory results and missed clinical appointments was also initiated.

Finance

FHI finance team designed a program for the roll out of the contract requirements in ZPCT II. They will provide additional training in contract management to ZPCT II staff in the next quarter.

KEY ISSUES AND CHALLENGES

- **Memorandum of Understanding with the MOH and PHOs** – The MOU with the MOH has been approved and is waiting for the MOH to sign. The Permanent Secreatry has been out for much of the quarter and we are told it will be signed soon. Once it is signed we will work with the PHO's on their MOUs.
- **Human Resources** - Staff shortages persist in some of the supported facilities and have continued to be exacerbated by the high staff turn-over through staff rotations, transfers, retirements and deaths. However, ZPCT II continued to work with DHOs and PHOs in providing limited support for transport reimbursements for off-duty facility staff who work extra shifts to provide services as well as training more community cadres in PMTCT. ZPCT II also oriented in-coming staff in the technical strategies and activities in order to maintain/sustain the achievements in provision of HIV and ART services. The trained community cadres are supplementing the efforts of HCWs in providing the PMTCT services.
- **CD4 sample referral and laboratory maintenance** continues to be a challenge in some provincial districts due to the following reasons:
 - Lack of motorbike riders in districts such as Chingola, Mufulira, Kitwe, and Luanshya in the Copperbelt, Muyombe in Northern, Puta in Luapula and Solwezi district in North-Western provinces. Discussions with the DHOs and PHOs have been ongoing to ensure that more motorbike riders are trained.
 - In some areas the ZPCT II budget for fuel is not sufficient to reach allow for sample referral for the entire month. Additional funds would be needed to increase the allocation. This is being reviewed by the ZPCT II team.
 - In Lufwanyama and Kalulushi districts of Copperbelt Province, Milenge in Luapula and Mapunga in Solwezi the motorcycles are not being fully utilized due to the stringent reporting requirements of ZPCT II. The riders do not want to fill out the log sheet every time a trip is made and prefer to use other transportation. The provincial teams are in discussion with the DHOs to resolve this issue.
 - Several CD4 count machines at health facilities such as Puta Health Center, Ndola Central Hospital, Kasama General Hospital, and Kawambwa District Hospital were reported to have broken down during this quarter while some facilities had reagent stock outs. This has negatively affects delivery of quality HIV care and ART services. With the increase in clients enrolled into care and ART services, there is need to match this with timely access to CD4 testing. ZPCT II initiated the procurement of ten additional FacsCount machines to be placed in some selected ART sites. In addition ZPCT II continues to provide mentoring on forecasting and quantification to ensure uninterrupted supplies of reagents.
 - Routine preventive maintenance of diagnostic equipment is an issue and is still not being done consistently even with MOH vendor contracts in place. This results in frequent equipment breakdowns thereby interrupting laboratory testing in the facilities. ZPCT II continues collaboration with the vendors/suppliers (Biogroup, BD and Scientific Group, SG) to ensure service schedules are adhered to and responses to call-outs for repairs are timely.
- **EID** –
 - The nationwide shortage of DBS bundles experienced during this period contributed to interruptions in DBS sample collection in some of the supported provinces. ZPCT II continues to address the issue by working closely with the DHOs and facility staff on ordering procedures for DBS bundles from Medical Stores Limited. In addition, ZPCT II ensured that DBS bundles were redistributed from low use facilities with excess stocks to high volume facilities as an interim measure.
 - In spite of a resolution to supply three month's worth of Roche Amplicor kits to the PCR laboratory at Arthur Davison Children's Hospital in Ndola, there has continued to be an erratic supply due to stock outs at MSL.
 - The quality of DBS specimens received at the laboratory has continued to improve. However, during the quarter the biggest challenge was the receipt of samples collected on expired cards. These samples have been rejected and continued feedback has been given including on-site visits to affected facilities by ZPCT II technical staff to provide mentoring to facility staff.

ZPCT II has continued working with the concerned DHOs to provide training and mentorship to these facilities.

- **Commodity Stock Outs –**
 - Luapula, North-Western and Central provinces experienced some stock outs of HIV test kits this quarter due to lack of training in logistic management for some service providers at some of the facilities. This resulted in inconsistent supply of test kits in the affected provinces. ZPCT II staff continued working closely with facility staff and conducted onsite training in logistics management in order to provide staff with skills in forecasting and ordering of commodities to avoid stock outs.
 - Inconsistencies in the transport system at MSL combined with delays in orders from the districts continued to pose serious challenges for timely delivery and availability of commodities. In order to ensure uninterrupted supply of commodities and uninterrupted service delivery, ZPCT II continued to actively participate in national level forecasting and quantification activities‘
- **Inadequate space for child CT** continued to be a challenge for some of the supported facilities. ZPCT II will continue to engage the DHOs and management at affected hospitals and where feasible undertake limited infrastructure refurbishments in order to address the space problems.
- **M&E** - Based on the regular SmartCare technical visits a number of errors suspected to have been made during the data migration process from ARTIS to SmartCare was observed and are being corrected systematically. The inclusion of the data quality report tool in the current version of SmartCare has made it possible for facility information officers and data entry clerks to appropriately update and correct observed errors. Further, a number of clinicians still have difficulties in filling out the SmartCare forms. To resolve this, ZPCT II conducted trainings to orient health personnel in SmartCare use.

DELIVERABLES FOR THIS QUARTER

- M&E plan submitted for approval
- Grants manual submitted for approval

ANTICIPATED ACTIVITIES FOR NEXT QUARTER

ZPCT II will continue to partner with the MOH and other partner organizations at the provincial and district levels and with staff and management in the supported facilities. ZPCT II plans to roll out the signing of the MoUs with each of the five provinces next quarter.

- The gender consultant from Social Impact is scheduled to be in Zambia for three weeks in January 2010 to conduct the gender assessment and develop the gender strategy for ZPCT II. This will be followed by a stakeholder meeting to inform development of the gender strategy for ZPCT II bringing together MOH, NAC, CDC, CIDRZ, USAID, and key civil society organizations addressing gender dimensions of HIV/AIDS in Zambia.
- A stakeholder meeting of organizations implementing capacity building activities with the Ministry of Health through the PHOs and DHOs will be held next quarter
- A biannual meeting with the Ministry of Health

TRAVEL/TDY

During this quarter, there were no regional/international travels for ZPCT II staff. Technical support was received as follows:

- Leine Stuart, Senior Technical Advisor for Clinical Care assisted the ZPCT II technical unit in defining new areas of technical support to the health facilities, and presented on prevention for positives and the chronic care approach to HIV/AIDS management during the national ART Update Seminar held in December 2009.
- Michael Reeves, EMG Senior Development Specialist attended the ZPCT II partners meeting held in November 2009, and completed the orientation of the local EMG staff under ZPCT II. This activity was supported through the EMG corporate funds.

- John Pollock, Project Team Leader, MSH participated in the ZPCT II partners meeting held in November 2009, and attended the unit meeting for laboratory and pharmacy where he oriented and provided management support to MSH staff.
- Kwasi Torpey, Regional Technical Advisor provided technical support and guidance to the ZPCT II technical unit.

TRAVEL /TDY for the NEXT QUARTER (January –March 2010)

- Kwasi Torpey, FHI Regional Technical Advisor to provide technical support to the ZPCT II technical team
- Maryce Ramsey, SI consultant to provide technical support to ZPCT II for the gender assessment and strategy development, in January 2010
- EMG consultant to be identified to provide technical support for the capacity building component. Date TBD
- Justin Mandala, FHI PMTCT Senior Technical Advisor to provide technical support to ZPCT II, in February 2010
- ZPCT II technical staff (Mushota Kabaso and Patrick Katayamoyo) will be attending the FHI ART cohort analysis planning meeting in Nairobi, Kenya, in March 2010

QUARTERLY PROGRESS UPDATE

I. PROGRAM OVERVIEW

The Zambia Prevention, Care and Treatment Partnership (ZPCT II) is a five year (June 1, 2009 – May 31, 2014) Task Order between Family Health International (FHI) and the U.S. Agency for International Development (USAID) through the U.S. Presidents Emergency Plan for AIDS Relief (PEPFAR). ZPCT II is working with the Government of the Republic of Zambia (GRZ) to strengthen Zambia's national health system by maximizing access, equity, quality and sustainability in the delivery of comprehensive HIV/AIDS services. ZPCT II takes an integrated health response approach that views effective delivery of HIV/AIDS services not as an end, but as an opportunity to forge a stronger overall health care system. Integrating services, engaging communities and strengthening major system components that affect delivery of all services are its foundation.

ZPCT II is scaling up support from 35 to all 42 districts in the five target provinces of Central, Copperbelt, Luapula, Northern and North Western. In year one, 271 facilities across 39 districts will be covered. ZPCT II is also further diversifying, consolidating and integrating services in facilities and communities, to assure seamless delivery of a comprehensive package reaching the household level, regardless of location. At the same time, ZPCT II is working to increase the Ministry of Health's (MOH's) capacity to monitor, maintain and improve quality throughout the national health system by fully integrating ZPCT II quality assurance/quality improvement (QA/QI) systems into day-to-day operations at all levels. ZPCT II will continue to implement the quality and performance based plans to graduate districts from intensive technical assistance by the project's end.

ZPCT II is continuing to strengthen the broader health sector by improving and upgrading physical structures, integrating HIV/AIDS services into other clinical areas, increasing work force capacity, and strengthening key support structures, including laboratory and pharmacy services and data management systems. The goal is not only to reduce death and illness caused by HIV/AIDS, but also to leave the national health system better able to meet the priority health needs of all Zambians.

The five main objectives of ZPCT II are to:

- Expand existing HIV/AIDS services and scale up new services, as part of a comprehensive package that emphasizes prevention, strengthens the health system, and supports the priorities of the MOH and NAC.
- Increase the involvement and participation of partners and stakeholders to provide a comprehensive HIV/AIDS service package that emphasizes prevention, strengthens the health system, and supports the priorities of the MOH and NAC.
- Increase the capacity of the PHOs and DHOs to perform technical and program management functions.
- Build and manage public-private partnerships to expand and strengthen HIV/AIDS service delivery, emphasizing prevention, in private sector health facilities.
- Integrate service delivery and other activities, emphasizing prevention, at the national, provincial, district, facility, and community levels through joint planning with the GRZ, other USG and non-USG partners.

This quarter, ZPCT II supported implementation of HIV/AIDS services in 270 health facilities in 39 districts in the five target provinces. Key activities and achievements for this reporting period include:

- CT services were provided in 270 reporting health facilities, with 78,321 individuals receiving CT services in these facilities.
- PMTCT services were provided in 260 facilities. 36,748 women received PMTCT services and 5,079 were provided with a complete course of ARV prophylaxis.
- Clinical palliative care services were provided in 270 health facilities. 130,544 individuals received palliative care from these 270 facilities.
- ART services were available in 36 of the 39 supported districts. This quarter, a total of 7,854 new clients (including 655 children) were initiated on antiretroviral therapy through 117 ART sites of

which 52 are static and 65 are outreach sites. Of the 117 ART sites, 113 report independently and four sites report through the bigger facilities. Cumulatively 95,761 individuals were receiving antiretroviral therapy at all ZPCT II supported sites and of these, 6,782 were children.

II. TECHNICAL ACTIVITIES

Objective 1: Expand existing HIV/AIDS services and scale up new services, as part of a comprehensive package that emphasizes prevention, strengthens the health system, and supports the priorities of the MoH and NAC.

1.1: Expand counseling and testing (CT) services

ZPCT II collaborated with the DHOs/PHOs in supporting CT services in all the supported provinces. During this period, comprehensive technical assistance was provided to 270 CT sites. A complete list of ZPCT II CT sites is available in *Annex B*.

1.1.1. CT Services

ZPCT II continued to provide technical assistance to HCWs and lay counselors in the supported facilities to strengthen CT services, maintain a high uptake of testing and collection of same day results and strengthen the linkage to clinical care for ART services.

Technical assistance during this period focused on:

- CT services in TB, FP and STI clinics: ZPCT II continues to provide technical support to facility staff working in the TB, STI and family planning services to strengthen linkages and integration into CT using the “opt-out” approach.
- Administering QA/QI tools: QA/QI tools were administered in all supported facilities as part of the ongoing monitoring of quality of CT services being provided.
- Strengthening documentation of CT services: ZPCT II continued to mentor CT service providers (i.e. HCWs and lay counselors) on the need and how to accurately document CT services in the appropriate registers.
- Creation of testing corners in new facilities: Testing corners have been set up in all the new ZPCT II supported facilities

1.2: Expand prevention of mother-to-child transmission (PMTCT) services

By the end of this quarter, PMTCT services were being provided in 260 ZPCT II supported facilities:

1.2.1. PMTCT Services

ZPCT II continued working closely with MOH to support PMTCT services in the five supported provinces. With the continued implementation of the “opt-out” strategy, a high PMTCT uptake has been maintained in the supported facilities. As an ongoing activity, ZPCT II continued to mentor PMTCT providers (i.e. HCWs and lay counselors) in provision of quality PMTCT services. ZPCT II is also working to expand and strengthen PMTCT services through implementation of new ZPCT II PMTCT strategies including improved follow up of pregnant women who test HIV negative and sharpening the focus of integrating PMTCT services with HIV prevention, malaria, MNCH, TB and FP services.

The areas of focus in PMTCT during this reporting period included:

- Strengthening CD4 sample referral: ZPCT II continues to work in collaboration with the district laboratory coordinators to enforce the collection of CD4 samples on booking days and ensure an increase in the number of HIV positive pregnant women having access to CD4 count testing.
- Provision of more efficacious regimes for PMTCT: The WHO three tiered approach continued to be emphasized in all the supported facilities in order to provide more efficacious regimens for PMTCT. This is done through triaging HIV positive pregnant women by CD4 count, facilitated through the specimen referral. In addition, ZPCT II continues to emphasize the need to have pregnant women considered as a priority at the ART clinics in terms of having them assessed for HAART eligibility and initiating the eligible ones. HIV positive women not eligible for HAART are commenced on short course prophylaxis according to the national PMTCT protocol guidelines. In order to facilitate provision of AZT, hemocues (hemoglobin machines) have been procured for almost all the old facilities with an additional 72 in the process of being procured for the remaining 20 old facilities

and 52 new facilities. These will be distributed to the supported facilities next quarter once the procurement process is completed.

- Mother baby pair follow-up: Initiation of cotrimoxazole prophylaxis for PCP and DBS collection on HIV exposed infants at six weeks continued to be strengthened in ZPCT II supported facilities. During this reporting period, 3,061 infants born to HIV positive mothers received cotrimoxazole prophylaxis and 3985 had DNA PCR tests done on them. Infants with positive DNA PCR results continued being tracked and referred to ART clinics for further management and initiation of HAART.
- Male involvement: Strengthening male involvement in PMTCT is an ongoing activity. ZPCT supported facilities were encouraged to continue making efforts to involve men in PMTCT services. CARE Zambia is working with facilities and communities to strengthen mobilization for male involvement in PMTCT.
- Strengthening documentation: During this period, emphasis continued to be placed on the need to document the PMTCT services provided accurately and in the right registers. To this effect, an additional 2,520 integrated PMTCT registers and another 2,520 mother baby follow up registers were printed and distributed to the supported facilities.
- Family planning integration into PMTCT: ZPCT II continued to provide technical assistance in linkages to family planning services through counseling during the ANC period. To enhance the HCWs' family planning counseling skills, ZPCT II conducted the first two family planning trainings for 47 HCWs from 41 facilities in Central and Luapula Provinces.

1.3: Expand treatment services and basic health care and support

ART Services

During this quarter, 117 health facilities were providing ART services at the ZPCT II supported facilities. However, the number of sites reporting data independently is 113, while four of the ART sites are reporting through the static ART sites. A complete list of ZPCT II ART sites is available in **Annex C**.

A total of 7,854 new clients (including 655 children) were initiated on antiretroviral therapy this quarter. Cumulatively, 95,761 currently receiving treatment out of which 6,782 are children.

ART on-going activities

ZPCT II continued to provide technical assistance, mentorship and support supervision of HCWs in all health facilities providing ART services to ensure provision of quality services. Technical assistance during this period focused on:

- Accreditation of ART sites: ZPCT II continues to support facilities with the accreditation process conducted by the Medical Council of Zambia (MCZ). The assessment for accreditation of sites is done in phases. Following the launch during this reporting period of the revised ART site accreditation guidelines and newly introduced ART provider certification guidelines, ZPCT II distributed 285 copies of these documents to all supported ART sites. During this quarter MCZ conducted assessments in 19 ZPCT II supported sites in Luapula and Copperbelt provinces. A total of 14 sites were accredited. Cumulatively, the total number of accredited ZPCT II supported ART sites is 35.
- HIV nurse prescriber program: ZPCT II continues to work in collaboration with General Nursing Council (GNC), MOH, CIDRZ, AIDSRelief, and the University of Alabama at Birmingham in the implementation of this pilot program which commenced in June 2009 and expected to be concluded in April, 2010. The trained nurses will be certified as ART providers upon completion of the program. One of the ten mentees supported by ZPCT II has dropped out in Northern Province to take up an upgrading course in midwifery.

In October 2009, ZPCT II provided financial and logistical support to two course coordinators from GNC who visited all ZPCT II supported pilot sites to conduct an initial on-the-spot assessment of the mentorship segment of the course. Key observations in the feedback were that ZPCT II clinical care staff were very supportive to both the mentors and mentees. Also, it was noted that there was need to consider other sites for conducting mentorship in addition to the ones originally identified and recommended for this program in order to attain the 40 hours per month as demanded by the program.

The HIV nurse prescriber program is part of the strategy of task-shifting to allow nurses to prescribe ARVs.

- ART updated seminar: The annual ART update conference was held from December 8 – 10, 2009. A total of 250 participants attended and participated in seminar deliberations conducted by senior MoH officials, country directors from cooperating partners, program managers and officers from both MoH and cooperating/implementing partners, HIV/ART clinicians and other stakeholders. The theme for the seminar was, “Scaling up HIV prevention while providing quality chronic HIV care”. The objectives of the seminar were to review progress made in HIV care and ART service provision in Zambia, share best practices, challenges, lessons learned, and discuss future prevention strategies, and share information on clinical technical issues and emerging research data, as well as changing treatment trends and make relevant recommendations.
- Job aids: The process of revising ART and HIV care job aids started during this reporting period. This process will continue next quarter as discussions with MOH, NAC and other key partners are underway in view of the new WHO guidelines and recommendations for management of HIV (including TB) and ART. Once Zambia makes a clear position on the way forward regarding the new recommendations, the job aids will be finalized, printed and distributed. The whole process is expected to commence next quarter and will also include job aids for paediatric ART and male circumcision.
- ART QA/QI tools: During this quarter, MCZ revised the ART sites’ accreditation and the introduction of ART provider certification guidelines. Therefore, the clinical care unit commenced the revision of the ART QA/QI tools because they are partly anchored on the accreditation guidelines. ZPCT II continues to lobby with MOH and other key partners to have these tools considered as national tools and be incorporated into the national performance improvements approach (PIA).
- Clinical care/ART capacity building unit meeting: The purpose of the meeting, held from 2-6 November, was to share experiences from across the five provinces on the implementation of the clinical care technical strategies. The provincial staff members, including the newly recruited medical officers were also oriented on the revised clinical care technical strategies for ZPCT II.
- ART model sites: ZPCT II began the process of identifying sites that will be developed and recognized as model sites or centers of excellence. During this reporting period, consultative meetings were held in three sites in the Copperbelt Province. In the other s provinces, consultations will take place next quarter. These sites will have the capacity to manage complicated HIV/ART cases, adverse drug reaction monitoring and management as well as client management of HIV treatment failure. These model sites will also provide resource services to other health facilities mainly through mentorship and advanced training of HCWs.

Clinical Palliative Care Services

ZPCT II is working across all health facilities to strengthen and improve palliative care for PLHA. During this quarter, 270 of the targeted 271 health facilities were providing clinical palliative care services. A total of 130,544 clients were receiving antiretroviral care and support at ZPCT II supported sites. The following activities were undertaken during this reporting period:

- Updating ASWs training package: ZPCT II updated the training package for Adherence Support Workers specifically the module on TB and TB-HIV. This was done in order to improve the TB/HIV collaboration activities and also to take into account the new WHO recommendations on TB infection control measures and intensified case finding of TB both at the facility and in the community. Orientation of ASWs on the new module started last quarter.
- Managing HIV as a chronic condition: ZPCT II has embarked on equipping HIV clinical teams with adequate knowledge and skills to improve client screening for and management of co-morbidities in HIV clients particularly chronic conditions such as Diabetes Mellitus and Hypertension. ZPCT II is in the process of developing a comprehensive package to manage HIV as a chronic condition and more details of this will be elaborated in the next quarter. ZPCT II also procured 20 glucometers to be placed in ten ART clinics for screening ART clients for diabetes mellitus. The other ten will be used in CT/PMTCT service delivery areas.
- Cotrimoxazole prophylaxis: ZPCT II supported provision of cotrimoxazole for prophylaxis to PLWHA both adults and children who need this treatment. During this reporting period, 5,107 clients were put on CTX (including 411 children).

1.4: Scale up male circumcision (MC) services

The ZPCT II goal is to scale up MC services through 16 selected facilities, in year one. Site assessments were conducted in the selected sites earmarked for provision of MC services. Capacity building of health care providers will be undertaken including on-going technical assistance and site refurbishments for implementation of the MC services. ZPCT II will initiate or strengthen the MC services in an integrated manner emphasizing that MC is a component of comprehensive male reproductive health services, and in particular a new HIV prevention method. During this quarter, three sites started providing MC services, including; Liteta District Hospital, Kabwe Mine Hospital, and Chitambo Hospital.

National level MC activities: ZPCT II participated in the MC Technical Working Group meetings during this reporting period. In addition, ZPCT II in collaboration with cooperating partners played a significant role in providing human resource and logistical support to the MoH and WHO in conducting the national MC situation analysis. The situation analysis was undertaken to gather baseline information on current MC services in Zambia and the data collected will form the basis for drafting the 2010 national action plan. The report for this analysis was finalized and the results were disseminated in a meeting held in Livingstone from December 21 – 23, 2009.

Objective 2: Increase the involvement and participation of partners and stakeholders to provide a comprehensive HIV/AIDS service package that emphasizes prevention, strengthens the health system, and supports the priorities of the MOH and NAC.

2.1: Strengthen laboratory and pharmacy support services and networks

Laboratory Services

111 facilities are being strengthened for laboratory services through technical assistance, renovations, equipment maintenance, training and procurement of equipment. 84 of these laboratories are now fully operational with an additional 27 performing minimal laboratory support. Technical assistance is routinely provided to support laboratory needs including additional ART sites (both static and outreach).

- PCR laboratory: The DNA/PCR laboratory at Arthur Davison Children's Hospital (ADCH) which was developed with the aim of increasing access to early infant diagnosis of HIV continues to function well. The laboratory serves as a referral center for the five ZPCT II supported provinces.

The ZPCT II is expanding specimen referral system to transport dry blood spot samples (DBS) from health facilities offering maternal child health services in the five target provinces to the HIV DNA PCR laboratory at ADCH. Samples are being batched at the district hubs and transported by express mail service (EMS) operated by the Zambia postal service to the laboratory in Ndola. During this quarter, all five provinces sent in DBS specimens for analysis.

The laboratory has seen a significant increase in the total number of DBS specimens received during this quarter. A total of 4465 DBS specimens were received from 198 facilities (49 are non ZPCT II supported facilities) in 36 districts in the five provinces. A total of 3985 were tested of which 480 were positive.

ZPCT II continued to provide technical assistance to focal persons to ensure proper DBS collection, packaging and transportation of the specimens to the testing center.

ZPCT II continues to find ways to address the findings of the MOH national review of the DBS specimen referral systems to identify gaps to strengthen the system. The main challenges expressed were long turn-around-time for PCR results and access to DBS blood collection kits from MSL. ZPCT II continues to collaborate with MOH and other partners to address the challenges noted in the report. Discussions have been ongoing to explore the use of SMS technology for sending results to facilities and plans have reached advanced stages. ZPCT II, with the collaboration of CHAI and UNICEF, will implement the pilot in select facilities early next quarter.

The ADCH PCR laboratory continued to access DNA PCR laboratory consumables through the national system. During the quarter, there were no shortages experienced in the supply of reagents and

PCR consumables from MSL. However, there was a critical shortage of DBS blood collection bundles during the quarter in various facilities. At the end of last quarter, MSL had just received a consignment of blood collection kits and started distribution this quarter using the new revised ordering system for the kits that is centralized at district level. The idea is to see if facilities can be kept well stocked using an identical system for other laboratory commodities. Therefore regular submission of data has to be maintained to alleviate any stock outs. The system seems challenging to implement as the stock-outs of the bundles have persisted in the facilities. ZPCT II has continued to follow up and provide technical assistance and mentoring in the implementation of this new system.

- Specimen referral: Technical assistance in laboratory services is provided to all ZPCT II supported health facilities throughout the five target provinces. The specimen referral system for CD4 which was set up to provide laboratory services even in the most outlying areas experienced some challenges during this quarter. The main reasons for this were interrupted equipment functionality, inadequate staffing at referral laboratories, and incorrect implementation of the motorcycle policy by MOH staff. The stock status of the EDTA containers which had stocked out last quarter has now normalized. ZPCT II continued to address these issues to maintain an effective referral system

The system is functional with 160 health facilities referring specimens to 54 facilities with CD4 equipment across 32 districts. ZPCT II continued to monitor the usefulness and quality, as well as to strengthen the specimen referral systems. ART sites without CD4 equipment, as well as the outreach sites, also refer specimens to the nearest facility with CD4 equipment. Specimens for baseline and monitoring investigations, chemistry and hematology analysis, are also being referred.

- Internal quality control: During this quarter, significant emphasis was put on supporting internal quality control (IQC) procedures. To strengthen quality control documentation in the facilities MOH piloted the JICA/MOH model for IQC for all test profiles. ZPCT II assisted with the dissemination of IQC materials, namely forms, for haematology, chemistry, CD4 analysis, temperature, instrument maintenance reagent preparation and corrective action logs. The findings from the pilot were shared at a dissemination meeting held during this quarter. The main finding identified the need for more mentoring and training in selected facilities and partners were asked to provide focused technical assistance. It was further noted that facility staff may need to be encouraged to view the use of these forms as an important part of quality documentation and not to view it as an extra load of work. Partners have also been asked to provide box files to ease filing of recorded documents.
- External quality assurance: During this quarter, the pilot phase of the national HIV external quality assurance (EQA) program using dry tube specimen panels was completed. The national reference laboratory finalized compilation of the results from the pilot and this report was presented to all partners at a dissemination workshop held this quarter. The major issues observed strongly pointed to the need to have non-technical facility staff grasp fully how the proficiency panels were to be handled. There were major concerns on the technical expertise of non trained staff that may have been challenged with reconstitution of the tubes and subsequent testing. It was therefore proposed that facility staff be oriented/trained first before any meaningful conclusions could be made. ZPCT II however conducted preliminary investigations and were able to isolate very similar concerns. Some staff have demonstrated serious gaps in the testing procedures and have also indicated non appreciation of the national algorithm. The recommendations and way forward are being awaited from the MOH. Once this is circulated, ZPCT II will plan to address the issues as outlined in the recommendation from MOH.

National external quality assurance programs have been extended to CD4 testing. The Ministry of Health launched the CD4 EQA program during the HIV EQA dissemination workshop and facilities have since received samples for testing. By the end of the quarter few facilities had submitted results back to the reference laboratory. A full report will be presented at a dissemination and feedback workshop to be announced next quarter by MOH/CDC. 21 ZPCT II supported facilities are participating in this program.

The ADCH PCR laboratory is currently working very closely with the MOH University Teaching Hospital (UTH) and the Centre for Infectious Disease Research in Zambia (CIDRZ) laboratory to

facilitate the new designed system for inter-laboratory quality assurance. This inter-laboratory quality assurance system is designed to provide in country checks on the quality of DBS testing services as provided by the three testing laboratories. During the quarter the laboratory prepared the first round of samples and has distributed them. Feedback is awaited.

The PCR laboratory is enrolled in the CDC proficiency testing external quality assurance program. Under this program, ten DBS specimens with unknown HIV status are sent with every batch and when tested, the results are submitted back to CDC for evaluation. According to feedback from the CDC in December 2009, the PCR laboratory scored 100% success in the third quarter samples which were received and tested in October 2009. The PCR laboratory has so far scored 100% success in five of six proficiency tests and 80% success in one.

- Commodity management: ZPCT II provides technical assistance to improve commodity management systems for laboratory services in all its supported health facilities. Technical assistance in this area focuses on quantification, timely ordering and storage of commodities. Mop-up trainings were conducted by SCMS in the national approved HIV test kits logistics management system. The transition from the old system has continued to pose a challenge in accessing HIV test kits across various facilities in few of the provinces, namely in Northern and Northwestern provinces, but the situation has generally improved this quarter. In addition, the new national approved Laboratory Commodities Logistics System has been rolled out across the country. SCMS conducted trainings and ZPCT II will support the implementation of the system in its sites next quarter
- Guidelines/SOPs: As part of its support, ZPCT II promotes and monitors the use of the Zambia ART laboratory SOPs in facilities. The reviewed SOPs, together with the revised safety manual, QA guidelines and the SOP for the use of IQC documentation have been printed by MOH/CDC and these will be distributed next quarter.
- Equipment and reagents: ZPCT II actively follows up on the status of laboratory equipment in its supported sites. Equipment functionality is essential in the provision of uninterrupted quality services. The focus is generally on the status of CD4, chemistry and haematology analyzers. An outline of the follow-ups and the status of laboratory equipment during the quarter under review can be found in *Annex I*.

Pharmacy Services

ZPCT II continued providing technical support to pharmaceutical services in all the supported health facilities, including; provision of basic pharmacy equipment, furniture, and renovations to enhance pharmaceutical service delivery, training and technical assistance.

- ARTServ dispensing tool: ZPCT II provided technical support to selected ART sites on the use of the updated ARTServ dispensing tool. This tool is used by pharmacy staff to record data of clients on ART, including drug regimens, side effects and drug dispensing dates. During the quarter, this tool was installed in ZPCT II supported ART sites with ongoing training of pharmacy staff in the use of ARTServ, facilitated staff rotation and workload reduction which in turn enabled successful use of the tool. The tool is currently in use in 74 ZPCT II supported sites. During this quarter, ZPCT II participated in the finalization process of integration of the ARTServ dispensing tool into SmartCare, which is the GRZ approved HIV/AIDS information system. Seven sites including three ZPCT II supported sites (Liteta, Kabwe Mine and Kabwe General hospitals) completed installation of the integrated system for the pilot. Fine tuning of the system is still underway following feedback from the users on the performance of the system. This exercise is being done in collaboration with the CDC and JSI, and the pilot is scheduled to run until the end of the year with an evaluation planned for early next quarter.
- Commodity management: Technical assistance visits continued to strengthen commodity management systems in facilities offering ART services. Guidance continues to be provided on improving stores management including stock status update, storage space and conditions, timely ordering and collection, aggregation and proper use of commodity consumption data. The commodity inventory tracking tool developed by ZPCT to assist in inventory control and tracking of commodities, is functioning well.

In addition, all facilities offering ART and PMTCT services were encouraged to adhere to ordering procedures as defined by the national ARV logistics management system and the PMTCT/ARV drug logistics system for PMTCT only sites. The logistics system for essential drugs and supplies which was designed by SCMS was piloted in 24 districts nationwide of which 12 are ZPCT II supported districts. The main feature of the system is the placement of a commodity planner at district level who coordinated the system for all the facilities under the district. The pilot is scheduled to run through till June 2010.

During this reporting period, ZPCT II actively participated in discussions, meetings and activities centered on planning for male circumcision supplies, and reproductive health commodities security.

- Good pharmacy practice: Routine technical assistance visits continued to be conducted during this quarter focusing on mentoring facility staff on good pharmacy practices, including dispensing, medication use and enforcing adherence counseling to ensure better patient outcomes. ZPCT II continues to collaborate with the pharmacovigilance unit of the pharmaceutical regulatory authority (PRA) to ensure that the pharmacovigilance program is implemented in its support sites. At the request of the PRA, ZPCT II printed additional copies of the registers and IEC materials, in support of the program. The unit in conjunction with the ART/CC unit will distribute the materials to ZPCT II supported facilities with guidance and collaboration from the PRA on issues of facility staff orientation in the use of the registers.
- Data management and supply chain: Technical assistance continued to address non submission of returns and data which contribute to shortages of critical supplies and stock-outs. The concept of the report and requisition (R&R) continues to be emphasized at the facilities. During this quarter, few facilities encountered problems in accessing selected supplies. ZPCT II continued to find innovative ways to address these problems and to put measures in place to ensure that affected facilities do not continue to experience these stock-outs which adversely affect service delivery.
- RUTF program: As an ongoing activity, ZPCT II continued to coordinate the MOH/CHAI collaboration program to provide nutritional support in the form of RUTF (Plumpy Nut) to infants and children with HIV/AIDS in ten sites in the five provinces. Records are maintained well, enrollment criteria are being followed and monthly reports are submitted to MOH and CHAI. ZPCT II continued to collaborate with MOH and other stakeholders to address issues around ensuring uninterrupted supplies of the commodity to the facilities. While no stocks of the Plumpy Nut were received at MSL this quarter, MSL continued to distribute the products still in stock from last quarter's receipts. Seven of the 10 ZPCT II supported sites implementing the program received RUTF this quarter except for Liteta district hospital, Mahatma Gandhi Memorial Clinic and Mansa General Hospital. These facilities were initially not on the distribution list at MSL but this has since been resolved with the nutrition unit at MOH. During this quarter, 843 children were enrolled on the programme, making the cumulative figure of children benefitting from nutrition supplementation to 3949. The benefits of nutrition supplementation continue to be noted in their therapeutic outcomes as seen in the records of children graduating from this program. In view of the newly released WHO recommendations for PMTCT, Infant feeding, and ART, the finalization of the new revised RUTF registers and guidelines is still on hold pending completion of the integrated management of acute malnutrition (IMAM) guidelines.

Guidelines and SOPs

ZPCT II continued to distribute and promote the use of the Zambia ART pharmacy SOPs to the facilities and provided technical assistance to ensure that services were provided according to the guidelines and SOPs. During this quarter, ZPCT II hosted the meeting to begin the process of the review of the SOPs. The review team was constituted and the process agreed upon. A meeting is scheduled for early next quarter at which the bigger review team will meet to start the actual review process of the document. Once the SOPs are revised, ZPCT II will support the MoH with the printing and dissemination of the documents.

The pharmacy services QA/QI tools continue to be administered at ZPCT II supported sites. Implementation of the tools plays a key role in monitoring the quality and sustainability of services, as well as building capacity within health facilities and DHOs. These results are shared with the DHOs in order to encourage them to place appropriate staff at affected facilities. The pharmacy services QA/QI tools are

currently under consideration for adoption by the MOH as the national pharmacy tools along with the QA/QI tools developed by ZPCT II.

2.2: Develop the capacity of facility and community-based health workers

Trainings

ZPCT II supported capacity building for facility and community-based health workers in different technical areas of the supported facilities across the five provinces. As part of the site preparation that ZPCT II conducted jointly with the PHOs, DHOs, and facilities, training needs were determined for each facility. Trainings for facilities were planned and participants selected with the PHOs, DHOs, and facility management.

During this quarter, USAID approved the list of consultant trainers engaged to facilitate the trainings, and contracts were developed for the consultants.

Funding and target numbers for trainings is included in the five PHO recipient agreements, UTH recipient agreement, and partner subcontract budgets. This is a step ZPCT II is taking to decentralize trainings to the DHOs and hospital management, allowing DHOs to incorporate ZPCT II support for trainings within their larger district action plans. The PHOs will need to play an active role in working with the districts in planning the implementation of these trainings as the training budgets are incorporated in the PHO RAs.

During this quarter, facility and community-based health workers from ZPCT II health facilities attended courses in CT (40 HCWs and 62 lay counselors), child counseling (44 HCWs and 15 lay counselors), couple counseling (60 HCWs and 40 lay counselors), CT supervision (12 HCWs and 12 lay counselors), and youth CT (17 lay counselors). In addition, 310 health care workers were trained in PMTCT, 50 lay counselors in PMTCT, and 23 HCWs underwent refresher training in PMTCT.

ZPCT II also trained 67 HCWs in ART/OI from Central, Northern, and Luapula Provinces. In addition, 78 HCWs were trained in paediatric ART from Central and Copperbelt provinces. 46 HCWs were trained in ART/OI through two in-house trainings at Kitwe and Ndola Central Hospitals. During this reporting period, male circumcision trainings were conducted for HCWs. Eight HCWs were trained as trainers in MC from Central, Luapula, Northern, and North-Western provinces, and 11 ZPCT II technical staff from the five provinces. In addition, 25 HCWs were trained in MC from 13 ZPCT II health facilities of Central and Northern Provinces. A one-day module on monitoring and evaluation was included in the CT and PMTCT courses, and three ART/OI courses, reaching 410 HCWs.

There were 47 HCWs were trained in family planning through two trainings from Central and Luapula Provinces. In an effort to strengthen the capacity of HCWs in collection, storage and transportation of dry blood spot, ZPCT II trained 100 HCWs from Central, Copperbelt, Luapula, and Northern provinces. ZPCT II also trained 22 HCWs in commodity management, and 27 HCWs in equipment use and maintenance in the supported facilities.

In addition to technical workshops for health care workers, 25 adherence support workers were trained from Luapula Province.

A complete list of all training courses conducted this quarter is outlined in *Annex F*

2.3: Engage community/faith-based groups

Mobile CT

During the reporting period, ZPCT II collaborated with health facility staff and community groups to encourage community members to access HIV/AIDS services during World AIDS Day 2009 by conducting mobile CT in various locations of ZPCT II supported facilities, bringing this service closer to communities. A total of 1,919 adults and 197 children were counseled and tested. All the clients received their results on the same day, and those testing positive (173 adults and 5 children) were referred for CD4.

A list of community mobile services conducted is provided in *Annex G*

Community-based Health Workers

ZPCT II continues to provide support for community based volunteers in the five provinces and has started providing transport reimbursements to the volunteers, under CARE Zambia management, to enable them to continue their work of complementing the work of HCWs in the health facilities including counseling and testing, PMTCT and adherence counseling. Currently, ZPCT II has a total number of 1,201 community-based health worker volunteers (441 lay counselors, 322 PMTCT counselors, and 438 adherence support workers) deployed and active in the five provinces. Each community-based volunteer is provided K150,000 per month as transport reimbursement.

CARE Zambia is reviewing the mechanism of making payments to the volunteers simpler as it is being transitioned from FHI to CARE Zambia management under ZPCT II. Alternatives such as an automated mechanism is being considered.

During this reporting period, 53 lay counselors (28 males and 25 females) were trained in basic CT, 12 lay counselors (7 males and 5 females) already trained in basic CT were trained in CT supervision, and 25 ASWs were trained in adherence counseling.

Referral Networks

ZPCT II continued working with the PHOs, DHOs, District Aids Task Force (DATFs), and other partners in all the five provinces to establish and strengthen district-wide referral networks. The purpose of the referral networks is to increase access of comprehensive HIV care and support services and to facilitate the systematic and formal linking of HIV/AIDS related services to ensure that clients access available services. Referral networks are established in 32 districts. This activity will be rolled out to the remaining districts during this work plan period.

Objective 3: Increase the capacity of the PHOs and DHOs to perform technical and program management functions.

3.1: *Increase the capacity of PHOs and DHOs to integrate the delivery of HIV/AIDS services with malaria programming as well as reproductive, maternal, newborn and child health services*

3.2: *Increase the capacity to integrate gender considerations in HIV/AIDS service delivery to improve program quality and achieve inclusiveness*

3.3: *Increase the problem solving capabilities of PHOs, DHOs and health facility managers to address critical HIV/AIDS program and service delivery needs*

ZPCT II developed the capacity building strategy working document. This will be reviewed by the MOH and key stakeholders and partners for their input. Further discussion with MOH will continue for the completion of this draft capacity building strategy and plans for a wider stakeholder consultation. Start-up meetings have been held with the MOH at the central level and with the provinces to solicit support and concurrence on the process and outcome of the capacity building activities.

During this quarter, two start-up meetings were held with the provincial health offices in the Copperbelt and Central provinces. The field visits to the provinces were meant to familiarize the capacity building approach and collect some background information on district structures to assist the team in the profiling the PHO and DHO structures.

ZPCT II held meetings with organizations conducting similar capacity building activities during this quarter. ZPCT II will coordinate and share its capacity building agenda with relevant stakeholders in order to avoid duplication of activities and to ensure adoption of best practices and ownership of the strategy and the assessment tools. .

3.4: *Develop and implement strategies to prepare governmental entities in assuming complete programmatic responsibilities*

Objective 4: Build and manage public-private partnerships to expand and strengthen HIV/AIDS service delivery, emphasizing prevention, in private sector health facilities.

ZPCT II conducted initial rapid assessments in some privately owned health facilities on the Copperbelt. Six sites were approached for consultative discussions and brief assessments. ZPCT II plans to initiate support at four sites on the Copperbelt, one in Central, and one in North-Western Provinces in year one. In the next quarter, ZPCT II will carry out assessments and develop agreements with the selected facilities.

Objective 5: Integrate service delivery and other activities, emphasizing prevention, at the national, provincial, district, facility, and community levels through joint planning with the GRZ, other USG and non-USG partners.

ZPCT II has continued to provide technical support towards service integration with other partners. During this quarter, ZPCT II signed MOUs with Ndola Diocese (RAPIDS) and Mpatamatu Home Based Care with respective DHOs in Ndola and Luanshya in order to strengthen community ART outreach in Ndola and Luanshya districts.

III. PROGRAM AND FINANCIAL MANAGEMENT

During this quarter, the following program and financial management activities took place:

A) ZPCT II Partners Activities

During this reporting period a ZPCT II partners' meeting was held on November 5, 2009 at the Intercontinental Hotel, Lusaka. The purpose of this meeting was to introduce the project and its partners and to clarify roles and responsibilities in relation to the project. The overall strategic approach of the project was presented including year one implementation plans and the technical strategies. . During the meeting, achievements in the initial ZPCT project were presented to highlight key areas in ZPCT II.

- Management Sciences for Health (MSH): MSH is the lead partner under ZPCT II to manage and provide technical assistance for the laboratory and pharmacy component. MSH continued providing technical leadership and assistance within ZPCT II and at national level in laboratory and pharmaceutical services. The laboratory and pharmacy activities for this quarter are detailed under *objective 2 – 2.1*
- CARE International: CARE Zambia is the lead under ZPCT II in mobilizing communities to access HIV/AIDS services, enhance existing referral networks and expand to new districts to achieve full coverage under ZPCT II. CARE Zambia will oversee and manage ASWs and lay counselors working in the community, and work with CBOs and FBOs to build their capacity to coordinate volunteers and deliver community HIV/AIDS and related services. CARE Zambia started making payments of transport reimbursements for the community volunteers during this reporting period.

During this quarter, the 12 staff recruited for CARE Zambia took up their positions. 10 will be based in the five ZPCT II provincial offices, with each province having one Program Management Coordinator and one Development Coordinator. The recruited staff reported at different times during the quarter, and all CARE staff members were provided an orientation to the ZPCT II program and to its partners in each province. A joint orientation for all these staff is planned to be held in Lusaka in the next quarter.

CARE Zambia, with FHI approval, initiated a revision of their community mobilization and referral network strengthening workplan and budget for year one to better align funds and activities based on the ZPCT II supported activities within the time available. The revised plan is undergoing final review within CARE before it is submitted to FHI for final approval early next quarter.

During this reporting period, a draft M&E plan for the community mobilization and referral component of ZPCT II was developed by CARE and submitted to FHI for approval. This approval

is also expected early next quarter. The community and referral network activities for this quarter are detailed under *objective 2 and 2.3*

- Social Impact: (SI): SI is responsible for developing a gender strategy to help ZPCT II to integrate a gender dimension into its prevention, care and treatment services. Next quarter a consultant will conduct a gender assessment and develop a gender strategy.
- Emerging Markets Group (EMG): EMG is responsible for capacity building of the PHOs and DHOs to manage ZPCT II program activities at the project's close. The newly hired staff for EMG started work during this reporting period. EMG Senior Development Specialist attended the ZPCT II partners meeting held in November 2009, and completed the orientation of the local EMG staff under ZPCT II.

During this quarter, the capacity building strategy working document was developed and submitted to the Ministry of Health (MOH) for their input and guidance. Start-up meetings have been held with the MOH at central level to solicit support and concurrence on the process and outcome of capacity building activities. ZPCT II held two start-up meetings with the provincial health offices (PHOs) in the Copperbelt and Central Provinces.

- Churches Health Association of Zambia (CHAZ): CHAZ continued to work in the seven mission health facilities: St. Kalembe Health Center in Kabompo District, Luwi Health Center in Mwinilunga District and Chitokoloki Mission Hospital in Zambezi District (North Western Province), Chilubula Mission Health Center in Kasama District (Northern Province), Mambilima Mission Health Center in Mwense District, Lubwe Mission Hospital in Samfya District and St. Paul's Mission Hospital in Nchelenge District (Luapula Province).

As part of strengthening the support to CHAZ, a full time Program Officer and Accountant recruited in September 2009 were introduced to the ZPCT II program and oriented in all the seven mission health facilities.

During the quarter, a combined site and orientation visit was conducted to monitor implementation progress in all the seven ZPCT II supported CHAZ facilities. All assessments have been completed and renovation at the identified health facilities will be commenced in the next quarter. Procurement orders for new equipment and furniture were placed during this reporting period.

The differences in monetary incentives between ZPCT II and other implementing partners (CHAZ Global Fund program) working in the health facilities is a challenge to program implementation and the retention of lay counselors working under ZPCT II. ZPCT II is working with MOH and other partners to standardize monetary incentives provided to community-based health volunteers.

KARA Counseling and Training Trust (KCTT): KCTT is responsible for training of facility and community-based health workers in counseling and testing (CT) services under ZPCT II. During this quarter, KCTT conducted training courses for facility and community-based health workers in basic CT, couple counseling, and CT supervision. The KCTT trainings are included in overall ZPCT II trainings detailed under *objective 2 - 2.2*

In the next quarter, KCTT will organize and facilitate four basic CT trainings for HCWs and lay counselors, four couple counseling trainings for HCWs and lay counselors, three CT refresher trainings for HCWs, three counseling supervision for HCWs, and two youth counseling trainings for HCWs.

B) Health Facility Support

Recipient agreements and subcontracts: ZPCT II is providing programmatic, financial and technical support to 271 facilities across 39 districts of the five provinces through a recipient agreement mechanism with the district health offices, (DHOs) the provincial health offices, (PHOs), UTH, local sub partners and through additional contractual mechanisms with international partners. The recipient agreements with the PHOs, DHOs, hospitals, and UTH are supported through a mechanism to provide the assistance agreed upon

mutually without direct granting of funds to the recipients or any government institution. Hence, FHI will manage these funds allocated to the respective partners.

A complete list of the current recipient agreements/subcontracts is listed under ***Annex E***.

C) Renovations and Environmental Site Assessments:

ZPCT II plans on supporting renovations in 79 health facilities across 39 districts, for year one. Environmental site assessments for all 79 facilities were done in the first quarter. Tender documents have been developed for all 79 facilities and tender advertising has commenced and is ongoing. Refurbishment works are gradually started as contracts get signed. .

D) Procurement

During this quarter, 51 hemocues, 63 fire extinguishers, 60 UPS, 57 printers, 53 computers, 16 binocular microscopes, 12 bench centrifuge, 13 auto claves, 12 RPR shaker, 14 blood mixers, 77 fetal scopes, and 87 diagnostic sets were ordered and will be delivered to the supported facilities once received from the suppliers.

E) Human Resources

At the end of this quarter, 222 positions were filled of the total 256 ZPCT II approved positions. HR continues to recruit and fill the remaining vacancies. Ten ZPCT II staff received staff development training this quarter.

Ten ZPCT II staff received staff development training this quarter of which five technical staff were enrolled on a three month electronic short course on antiretroviral treatment (eSCART) by the Institute for Tropical Medicine Antwerp in Belgium, and five support staff that received training in project management facilitated by the British Council. A comprehensive Training and Development Plan for 2010 is in process in order to package and have training delivered according to the needs of the ZPCT II program and by respective functional areas.

F) IT

IT conducted refresher training for old and new staff in Microsoft Office Suite and Network usage. This served as an introduction for new staff employed under ZPCT II. IT will continue running training sessions with an emphasis on Excel, Outlook and Microsoft word in the next quarter. The new phone system was received and testing has commenced in Lusaka. The deployment to the rest of the provinces will be carried out in the next quarter. IT also assisted the M&E unit with rolling out internet access using GPRS modems in the health facilities. A pilot to use SMS technology to inform clients about missed laboratory results and missed clinical appointments was also initiated.

G) Finance

FHI finance designed a program for the roll out of the contract requirements in ZPCT II. The FHI finance team will provide additional training in contract management to ZPCT II staff in the next quarter.

IV. STRATEGIC INFORMATION (M&E and QA/QI)

Monitoring and Evaluation (M&E)

The ZPCT II Strategic Information (SI) unit provided technical support to MOH aimed at strengthening systems for M&E of HIV/AIDS programs. During this quarter, the unit provided support to data collection and reporting, and conducted data quality assessments of the SmartCare system at supported sites. Through the use of a data quality reporting tool (DQR), the SI team assisted supported sites to make updates and/or make corrections on data already entered into the system which was found to be incomplete or wrongly captured.

ZPCT II provided technical support to newly supported sites in Kapiri Mposhi in updating ART patient records and the SmartCare database. In addition, the ZPCT II SI unit conducted an orientation meeting for all unit staff on ZPCT II monitoring and evaluation procedures, including field orientation and supportive visits.

During this period, the SI unit in collaboration with ART/clinical care unit reviewed male circumcision data collection tools to be used for collecting male circumcision (MC) data. In addition, a list of new global database indicators was verified and comments were sent to global database.

ZPCT II continued working in partnership with the MOH, USAID/JSI/Deliver and CDC on the integration of the ARVs dispensing tool, ARV logistics system, and SmartCare. The installation of the said system at the three ZPCT II pilot sites i.e. Liteta, Kabwe Mine and Kabwe General Hospitals, is now completed.

Quality Assurance and Quality Improvement (QA/QI)

National level activities conducted in this quarter included participation in the Ministry of Health (MOH) national trainer of trainers (TOT) performance improvement approach (PIA) training held in Kabwe. One ZPCT II staff completed the training and was registered as a PIA national trainer providing future opportunity for closer collaboration with MOH in implementing quality improvement (QI).

ZPCT II staff participated in a training workshop on the FHI quality improvement model hosted by Corridors of Hope III. Fundamental QI methodologies and techniques were learnt. Local and international networks were strengthened for future partnership with MOH and private sector participants in enhancing QI efforts.

The process of getting QA/QI tools for HIV services nationally adopted by MOH continued from the previous quarter. Progress was made in bringing together key ZPCT II technical staff representing each of the technical units to develop a concept paper for presentation to MOH.

Revision of all QA/QI tools was initiated this quarter to reflect the revised and additional technical interventions to be implemented in ZPCT II.

Administration of QA/QI Tools

QA/QI tools are used to assess quality gaps between actual services provided in health facilities and national standards. They also provide a basis for QI initiatives targeting problems identified.

ART/clinical care tools: ART/clinical care QA tools were administered in 77 ART sites and the ART provider and facility checklists were used. Health facility staff were provided technical assistance by ZPCT II staff to facilitate enhanced service quality and preparation for MOH/Medical Council of Zambia (MCZ) ongoing ART site accreditation assessments.

During this quarter, challenges were faced in providing high quality ART and clinical care services. Baseline biochemistry tests for kidney and liver function tests were not being conducted routinely for pre-ART evaluation of HIV positive clients. Reasons reported included stock-outs and erratic reagent supply and challenges in the sample referral system in certain sites. This challenge also extended to routine immunological monitoring of patients on ART using CD4, which was further compounded by frequent breakdown of the hematological laboratory equipment and stock-outs of CD4 specimen bottles. In addition, the consistent use of SmartCare clinical forms for tracking patient management was not routinely done. Regular T-staging of ART patients was also not routinely conducted in several sites. Enhanced mentorship of clinicians and providing support in holding regular ART clinical meetings at facilities were identified as solutions to resolve they identified gaps.

Routine reporting and documentation of adverse drug reactions in the pharmacovigilance system was challenged by lack of pharmacovigilance registers at several ART sites.

Quality assurance information obtained from sites using QA/QI tools was not routinely used by facility management for decision making in improving service quality. ZPCT II is working with facility management in reinforcing usefulness of these tools and support to facility QA/QI committee functions.

PMTCT/CT: CT provider tool, PMTCT provider tool, CT/PMTCT facility checklist and counselor reflection forms were administered to assess CT/PMTCT service quality. These tools were administered in 189 health facilities. These QA tools assess adherence to national CT/PMTCT protocols and guidelines

including testing algorithms, service organization, staff capacity and training in CT/PMTCT, quality and content of counseling sessions and record management.

Several challenges were faced this quarter, such as, inconsistent monthly counselor supervision at facilities due to low numbers of facility counselor supervisors, and logistical obstacles in the few supervisors traveling to distant sites to conduct this activity. In addition to training more counselor supervisors, encouraging peer-to-peer supervision were identified as remedial actions.

Routine HIV counseling and testing of children attending the under-5 ‘well-baby-clinics’, assessment of HIV positive mothers status for safe infant replacement feeding and comprehensive PMTCT counseling in a few sites remained a challenge due to some facility staff not being trained in CT/PMTCT counseling. Mentorship and lay counselor training are planned.

Implementing quality control (QC) of 10% HIV samples taken remains a challenge. Remedial actions identified included mentorship of appropriate facility HCWs in supporting this activity.

Laboratory infrastructure: Laboratory QA tool was administered in 63 facility laboratories. Areas assessed included availability and use of standard operating procedures and guidelines, laboratory safety and space, record management, equipment and quality control, and the sample referral system.

Challenges faced this quarter included erratic supply and stock-outs of reagents for critical liver and kidney function (creatinine) tests. Frequent breakdown and erratic maintenance of laboratory equipment was also experienced. This requires close collaboration with MOH for reagent supply and vendors for equipment maintenance and repairs. A few laboratories lacked adequate storage space for reagents.

Internal quality control (IQC) and external quality assurance (EQA) of laboratory tests was not routinely conducted in several sites. ZPCT II continues to support the roll-out of national SOPs and QA/QC program.

Pharmacy: Pharmacy QA tool was administered in 68 health facility pharmacies. This included- pharmacy bulk store tool, dispensing and medication tool, and pharmacy records tool. Areas assessed were adequacy of space, security, pharmacy and bulk store organization, dispensing practices, stocks and commodity practices and supplies.

Several challenges occurred in service delivery, such as, some pharmaceutical sites experiencing breakdowns of air conditioners, lack of temperature monitoring charts, drug expiry charts and pallets for good storage of drugs. Important guidelines and forms that were not available were ARV prescription slips, pediatric ART therapeutic counseling checklists, adverse drug reaction forms for pharmacovigilance and the ARV treatment guidelines. Based on the administered tool, several sites were not routinely conducting monthly physical stock counts or drug utilization studies.

Remedial actions include continued support in mentorship, procurement and distribution of required items.

Monitoring and Evaluation (M&E): The M&E QA tool was administered in 201 facilities this quarter. The tool assessed the quality of record and information management in ART/clinical care, CT and PMTCT.

Challenges faced in achieving good record keeping and data management were insufficient supervision of data entry clerks (DECs) by some facility staff, keeping Pre-ART, CT and PMTCT records and registers up-to-date in sites where DECs were not permanently stationed. This was particularly noticed in some new ZPCT II sites. Remedial actions identified are continued technical support and encouragement in record and data management provided to facility HCW.

Facility Graduation Sustainability Plan

ZPCT II has graduated ten districts, including: Samfya District (Luapula Province); Mpika, Chinsali, Kasama and Nakonde districts (Northern Province); Luanshya and Kalulushi districts (Copperbelt Province); Kabompo and Mufumbwe districts (North Western Province); and Mkushi District (Central Province). These districts were deemed to have high service quality and low technical need with the

capacity for sustaining these services under the MoH with minimal ZPCT II technical support. Technical assistance to these graduated districts has been scaled back.

During the reporting period, no districts were graduated. A complete list of the graduated districts is available in ***Annex D***.

V. KEY ISSUES AND CHALLENGES

- **Memorandum of Understanding with the MOH and PHOs** – The MOU with the MOH has been approved and is waiting for the MOH to sign. The Permanent Secreatry has been out for much of the quarter and we are told it will be signed soon. Once it is signed we will work with the PHO's on their MOUs.
- **Human Resources** - Staff shortages persist in some of the supported facilities and have continued to be exacerbated by the high staff turn-over through staff rotations, transfers, retirements and deaths. However, ZPCT II continued to work with DHOs and PHOs in providing limited support for transport reimbursements for off-duty facility staff who work extra shifts to provide services as well as training more community cadres in PMTCT. ZPCT II also oriented in-coming staff in the technical strategies and activities in order to maintain/sustain the achievements in provision of HIV and ART services. The trained community cadres are supplementing the efforts of HCWs in providing the PMTCT services.
- **CD4 sample referral and laboratory maintenance** continues to be a challenge in some provincial districts due to the following reasons:
 - Lack of motorbike riders in districts such as Chingola, Mufulira, Kitwe, and Luanshya in the Copperbelt, Muyombe in Northern, Puta in Luapula and Solwezi district in North-Western provinces. Discussions with the DHOs and PHOs have been ongoing to ensure that more motorbike riders are trained.
 - In some areas the ZPCT II budget for fuel is not sufficient to reach allow for sample referral for the entire month. Additional funds would be needed to increase the allocation. This is being reviewed by the ZPCT II team.
 - In Lufwanyama and Kalulushi districts of Copperbelt Province, Milenge in Luapula and Mapunga in Solwezi the motorcycles are not being fully utilized due to the stringent reporting requirements of ZPCT II. The riders do not want to fill out the log sheet every time a trip is made and prefer to use other transportation. The provincial teams are in discussion with the DHOs to resolve this issue.
 - Several CD4 count machines at health facilities such as Puta Health Center, Ndola Central Hospital, Kasama General Hospital, and Kawambwa District Hospital were reported to have broken down during this quarter while some facilities had reagent stock outs. This has negatively affects delivery of quality HIV care and ART services. With the increase in clients enrolled into care and ART services, there is need to match this with timely access to CD4 testing. ZPCT II initiated the procurement of ten additional FacsCount machines to be placed in some selected ART sites. In addition ZPCT II continues to provide mentoring on forecasting and quantification to ensure uninterrupted supplies of reagents.
 - Routine preventive maintenance of diagnostic equipment is an issue and is still not being done consistently even with MOH vendor contracts in place. This results in frequent equipment breakdowns thereby interrupting laboratory testing in the facilities. ZPCT II continues collaboration with the vendors/suppliers (Biogroup, BD and Scientific Group, SG) to ensure service schedules are adhered to and responses to call-outs for repairs are timely.
- **EID** –
 - The nationwide shortage of DBS bundles experienced during this period contributed to interruptions in DBS sample collection in some of the supported provinces. ZPCT II continues to address the issue by working closely with the DHOs and facility staff on ordering procedures for DBS bundles from Medical Stores Limited. In addition, ZPCT II ensured that DBS bundles were redistributed from low use facilities with excess stocks to high volume facilities as an interim measure.
 - In spite of a resolution to supply three month's worth of Roche Amplicor kits to the PCR laboratory at Arthur Davison Children's Hospital in Ndola, there has continued to be an erratic supply due to stock outs at MSL.
 - The quality of DBS specimens received at the laboratory has continued to improve. However, during the quarter the biggest challenge was the receipt of samples collected on expired cards. These samples have been rejected and continued feedback has been given including on-site visits to affected facilities by ZPCT II technical staff to provide mentoring to facility staff.

ZPCT II has continued working with the concerned DHOs to provide training and mentorship to these facilities.

- **Commodity Stock Outs –**
 - Luapula, North-Western and Central provinces experienced some stock outs of HIV test kits this quarter due to lack of training in logistic management for some service providers at some of the facilities. This resulted in inconsistent supply of test kits in the affected provinces. ZPCT II staff continued working closely with facility staff and conducted onsite training in logistics management in order to provide staff with skills in forecasting and ordering of commodities to avoid stock outs.
 - Inconsistencies in the transport system at MSL combined with delays in orders from the districts continued to pose serious challenges for timely delivery and availability of commodities. In order to ensure uninterrupted supply of commodities and uninterrupted service delivery, ZPCT II continued to actively participate in national level forecasting and quantification activities‘
- **Inadequate space for child CT** continued to be a challenge for some of the supported facilities. ZPCT II will continue to engage the DHOs and management at affected hospitals and where feasible undertake limited infrastructure refurbishments in order to address the space problems.
- **M&E** - Based on the regular SmartCare technical visits a number of errors suspected to have been made during the data migration process from ARTIS to SmartCare was observed and are being corrected systematically. The inclusion of the data quality report tool in the current version of SmartCare has made it possible for facility information officers and data entry clerks to appropriately update and correct observed errors. Further, a number of clinicians still have difficulties in filling out the SmartCare forms. To resolve this, ZPCT II conducted trainings to orient health personnel in SmartCare use.

VI. TRAVEL/TDY FOR THIS QUARTER (Oct-Dec, 2009)

During this quarter, there were no regional/international travels for ZPCT II staff. Technical support was received as follows:

- Leine Stuart, Senior Technical Advisor for Clinical Care assisted the ZPCT II technical unit in defining new areas of technical support to the health facilities, and presented on prevention for positives and the chronic care approach to HIV/AIDS management during the national ART Update Seminar held in December 2009.
- Michael Reeves, EMG Senior Development Specialist attended the ZPCT II partners meeting held in November 2009, and completed the orientation of the local EMG staff under ZPCT II. This activity was supported through the EMG corporate funds.
- John Pollock, Project Team Leader, MSH participated in the ZPCT II partners meeting held in November 2009, and attended the unit meeting for laboratory and pharmacy where he oriented and provided management support to MSH staff.
- Kwasi Torpey, Regional Technical Advisor provided technical support and guidance to the ZPCT II technical unit.

DELIVERABLES FOR THIS QUARTER (Oct- Dec, 2009)

- M&E plan was submitted for approval
- Grants manual was submitted for approval

VII. ANTICIPATED ACTIVITIES FOR NEXT QUARTER (January – March, 2010)

ZPCT II will continue to partner with MOH and other partner organizations at the provincial and district levels and with staff and management in the supported facilities. ZPCT II plans to roll out the signing of the MOUs with each of the five provinces next quarter.

*A summary of the plans for the next quarter (January – March, 2010) is provided in **Annex J**.*

VIII. TRAVEL /TDY for the NEXT QUARTER (Jan –March, 2010)

- Kwasi Torpey, FHI Regional Technical Advisor to provide technical support to the ZPCT II technical team
- Maryce Ramsey, SI consultant to provide technical support to ZPCT II for the gender assessment and strategy development, in January 2010
- EMG consultant to be identified to provide technical support for the capacity building component. Date TBD
- Justin Mandala, FHI PMTCT Senior Technical Advisor to provide technical support to ZPCT II, in February 2010
- ZPCT II technical staff (Mushota Kabaso and Patrick Katayamoyo) will be attending the FHI ART cohort analysis planning meeting in Nairobi, Kenya, in March 2010

IX. ANNEXES

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ANNEX A: Achievements Towards Targets/Indicator Table

ZPCT II Project Target / Indicator Table				
Objective	Indicator	Project Targets (LOP)	Year One Workplan Targets	Achievements Q1 (Oct-Dec 2009)
1.1 Counseling and Testing (Projections from ZPCT service statistics)				
	Service outlets providing CT according to national or international standards	370	271	270
	Individuals who received HIV/AIDS CT and received their test results (including TB)	728,000	118,333	78,321
	Individuals trained in CT according to national or international standards	2,316	520	156
1.2 Prevention of Mother-to-Child Transmission (Projections from ZPCT service statistics)				
	Service outlets providing the minimum package of PMTCT services	359	259	260
	Pregnant women who received HIV/AIDS CT for PMTCT and received their test results	572,000	94,167	36,748
	HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	72,000	11,214	5,079
	Health workers trained in the provision of PMTCT services according to national or international standards	5,325	1,150	333
1.3 Treatment Services and Basic Health Care and Support (Projections from ZPCT service statistics)				
	Service outlets providing HIV-related palliative care (excluding TB/HIV)	370	271	270
	Individuals provided with HIV-related palliative care (excluding TB/HIV) (adults and children)	560,000	90,000	130,544
	Pediatrics provided with HIV-related palliative care (excluding TB/HIV)	60,000	10,000	10,020
	Individuals trained to provide HIV palliative care (excluding TB/HIV)	3,120	600	193
	Service outlets providing treatment for TB to HIV+ individuals (diagnosed or presumed) in a palliative care setting	370	271	270
	HIV+ clients attending HIV care/treatment services that are receiving treatment for TB	17,000	2,667	1,324
	Individuals trained to provide treatment for TB to HIV+ individuals (diagnosed or presumed)	3,120	600	193
	Registered TB patients who received HIV/AIDS CT and their test results at a USG-supported TB service outlet	30,400	4,683	1,345
	Service outlets providing ART	130	121	113
	Individuals newly initiating on ART during the reporting period	115,250	19,167	7,854
	Pediatrics newly initiating on ART during the reporting period	11,250	1,667	655
	Individuals receiving ART at the end of the period	146,000	79,732	95,761
	Pediatrics receiving ART at the end of the period	11,700	5,726	6,782
	Health workers trained to deliver ART services according to national or international standards	3,120	600	193
1.4 Male Circumcision (ZPCT II projections)				
	Service outlets providing MC services	50	16	3
	Individuals trained to provide MC services	260	100	33
2.1 Laboratory Support (Projections from ZPCT service statistics)				
	Laboratories with capacity to perform: (a) HIV tests and (b) CD4 tests and/or lymphocyte tests	111	96	84
	Individuals trained in the provision of laboratory-related activities	375	80	33
	Tests performed at USG-supported laboratories during the reporting period: (a) HIV testing, (b) TB diagnostics, (c)	3,813,000	635,500	261,263

ZPCT II Project Target / Indicator Table

Objective	Indicator	Project Targets (LOP)	Year One Workplan Targets	Achievements Q1 (Oct-Dec 2009)
	syphilis testing, and (d) HIV/AIDS disease monitoring			
2.2 Capacity Building for Community Volunteers (Projections from ZPCT service statistics)				
	Community/lay persons trained in counseling and testing according to national or international standards (excluding TB)	2,506	506	146
	Community/lay persons trained in the provision of PMTCT services according to national or international standards	1,425	285	50
	Community/lay persons trained in the provision of ART adherence counseling services according to national or international standards	600	120	25
3 Capacity Building for PHOs and DHOs (ZPCT II projections)				
	Local organizations (PHOs and DHOs) provided with technical assistance for HIV-related institutional capacity building	47	-	0
4 Public-Private Partnerships (ZPCT II projections)				
	Private health facilities providing HIV/AIDS services	30	6	0

ANNEX B: ZPCT II Supported Facilities and Services

Central Province

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
<i>Kabwe</i>	1. Kabwe GH	Urban	◆ ²	◆	◆	◆	◆ ³		
	2. Mahatma Gandhi HC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	3. Kabwe Mine Hospital	Urban	◆ ²	◆	◆	◆	◆	◆	⊙ ¹
	4. Bwacha HC	Urban		◆	◆	◆		◆	
	5. Makululu HC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	6. Pollen HC	Urban	◆ ¹	◆	◆	◆		◆	
	7. Kasanda UHC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	8. Chowa HC	Urban		◆	◆	◆		◆	
	9. Railway Surgery HC	Urban		◆	◆	◆		◆	
	10. Katondo HC	Urban	◆ ¹	◆	◆	◆		◆	
	11. Ngungu HC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	12. Natuseko HC	Urban	◆ ¹	◆	◆	◆		◆	
	13. Mukobeko Township HC	Urban		◆	◆	◆		◆	
	14. Kawama HC	Urban		◆	◆	◆		◆	
	15. Kasavasa HC	Rural		◆	◆	◆		◆	
<i>Mkushi</i>	16. Mkushi DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙
	17. Chibefwe HC	Rural		◆	◆	◆		◆	
	18. Chalata HC	Rural	◆ ¹	◆	◆	◆		◆	
	19. Masansa HC	Rural	◆ ¹	◆	◆	◆	◆	◆	
	20. Nshinso HC	Rural		◆	◆	◆		◆	
	21. Chikupili HC	Rural		◆	◆	◆		◆	
<i>Serenje</i>	22. Serenje DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙
	23. Chitambo Hospital	Rural	◆ ²	◆	◆	◆	◆	◆	⊙ ¹
	24. Chibale RHC	Rural		◆	◆	◆		◆	
	25. Muchinka RHC	Rural		◆	◆	◆		◆	
	26. Kabundi RHC	Rural		◆	◆	◆		◆	
	27. Chalilo RHC	Rural		◆	◆	◆			
	28. Mpelembe RHC	Rural	◆ ¹	◆	◆	◆			
	29. Mulilima RHC	Rural		◆	◆	◆			
<i>Chibombo</i>	30. Liteta DH	Rural	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	31. Chikobo RHC	Rural		◆	◆	◆		◆	
	32. Mwachisompola Demo Zone	Rural	◆ ¹	◆	◆	◆	◆	◆	
	33. Chibombo RHC	Rural		◆	◆	◆		◆	
	34. Chisamba RHC	Rural	◆ ¹	◆	◆	◆	◆	◆	
	35. Mungule RHC	Rural		◆	◆	◆		◆	
	36. Muswishi RHC	Rural		◆	◆	◆		◆	
	37. Chitanda RHC	Rural		◆	◆	◆		◆	
<i>Kapiri</i>	38. Kapiri Mposhi DH	Urban	◆ ²	◆	◆	◆	◆		⊙
	39. Mukonchi RHC	Rural	◆ ²	◆	◆	◆	◆		
	40. Chibwe RHC	Rural		◆	◆	◆			
	41. Lusemfwa RHC	Rural		◆	◆	◆			
	42. Kampumba RHC	Rural	◆ ¹	◆	◆	◆			
	43. Mulungushi RHC	Rural		◆	◆	◆			
	44. Chawama UHC	Rural		◆	◆	◆			

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
<i>Mposhi</i>	45. Kawama HC	Urban		◆	◆	◆			
	46. Tazara UHC	Rural		◆	◆	◆			
	47. Ndeke UHC	Rural		◆	◆	◆			
	48. Nkole RHC	Rural	◆ ¹	◆	◆	◆			
	49. Chankomo RHC	Rural		◆	◆	◆			
	50. Luanshimba RHC	Rural		◆	◆	◆			
	51. Mulungushi University HC	Rural		◆	◆	◆			
	52. Chipepo RHC	Rural		◆	◆	◆			
	53. Waya RHC	Rural	◆ ¹	◆	◆	◆			
	54. Chilumba RHC	Rural		◆	◆	◆			
Totals			23	54	54	54	15	29	6

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission

◆ ZPCT II existing services (18 urban & 36 rural facilities)	1 = ART Outreach Site (15)
⊙ MC sites	2 = ART Static Site (8)
⊙ ¹ MC services initiated	3 = Referral laboratory for CD4

Copperbelt Province

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
<i>Ndola</i>	1. Ndola Central Hospital	Urban	◆ ²	◆	◆	◆	◆ ³		
	2. Arthur Davison Hospital	Urban	◆ ²		◆	◆	◆ ³		
	3. Lubuto HC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	4. Mahatma Ghandi HC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	5. Chipokota Mayamba HC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	6. Mushili Clinic	Urban		◆	◆	◆		◆	
	7. Nkwazi Clinic	Urban		◆	◆	◆		◆	
	8. Kawama HC	Urban		◆	◆	◆		◆	
	9. Ndeke HC	Urban		◆	◆	◆		◆	
	10. Dola Hill UC	Urban		◆	◆	◆		◆	
	11. Kabushi Clinic	Urban		◆	◆	◆		◆	
	12. Kansenshi Prison Clinic	Urban	◆ ¹	◆	◆	◆		◆	
	13. Kaloko Clinic	Urban		◆	◆	◆		◆	
	14. Kaniki Clinic	Urban	◆ ¹	◆	◆	◆		◆	
	15. Kavu Clinic	Urban	◆ ¹	◆	◆	◆	◆	◆	
	16. New Masala Clinic	Urban	◆ ¹	◆	◆	◆		◆	
	17. Pamodzi-Sathiya Sai Clinic	Urban		◆	◆	◆		◆	
	18. Railway Surgery Clinic	Urban		◆	◆	◆		◆	
	19. Twapia Clinic	Urban	◆ ¹	◆	◆	◆		◆	
<i>Chingola</i>	20. Nchanga N. GH	Urban	◆ ²	◆	◆	◆	◆ ³		
	21. Chiwempala HC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	22. Kabundi East Clinic	Urban	◆ ¹	◆	◆	◆	◆	◆	
	23. Chawama HC	Urban		◆	◆	◆	◆	◆	
	24. Clinic 1 HC	Urban	◆ ¹	◆	◆	◆	◆		
	25. Muchinshi Clinic	Rural	◆ ¹	◆	◆	◆		◆	
	26. Kasompe Clinic	Urban		◆	◆	◆			
	27. Mutenda HC	Rural		◆	◆	◆			
<i>Kitwe</i>	28. Kitwe Central Hospital	Urban	◆ ²	◆	◆	◆	◆ ³		
	29. Ndeke HC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	30. Chimwemwe Clinic	Urban	◆ ¹	◆	◆	◆	◆ ³		
	31. Buchi HC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	32. Luangwa HC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	33. Ipusukilo HC	Urban	◆ ¹	◆	◆	◆		◆	
	34. Bulangililo Clinic	Urban	◆ ¹	◆	◆	◆	◆	◆	
	35. Twatasha Clinic	Urban		◆	◆	◆		◆	
	36. Garnatone Clinic	Urban			◆	◆		◆	
	37. Itimpi Clinic	Urban		◆	◆	◆		◆	
	38. Kamitondo Clinic	Urban		◆	◆	◆		◆	
	39. Kawama Clinic	Urban	◆ ¹	◆	◆	◆	◆	◆	
	40. Kwacha Clinic	Urban		◆	◆	◆		◆	
	41. Mindolo 1 Clinic	Urban	◆ ²	◆	◆	◆		◆	
	42. Mulenga Clinic	Urban	◆ ¹	◆	◆	◆		◆	
	43. Mwaiseni Clinic	Urban		◆	◆	◆		◆	
	44. Wusakile GRZ Clinic	Urban		◆	◆	◆			
	45. ZAMTAN Clinic	Urban	◆ ¹	◆	◆	◆	◆	◆	
	46. Chavuma Clinic	Urban	◆ ¹	◆	◆	◆		◆	

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
	47. Kamfinsa Prison Clinic	Urban	◆ ²	◆	◆	◆		◆	
	48. Mwekera Clinic	Urban		◆	◆	◆		◆	
	49. ZNS Clinic	Urban	◆ ¹	◆	◆	◆			
<i>Luanshya</i>	50. Thompson DH	Urban	◆ ²	◆	◆	◆	◆ ³		
	51. Roan GH	Urban	◆ ²	◆	◆	◆	◆	◆	
	52. Mikomfwa HC	Urban		◆	◆	◆		◆	
	53. Mpatamatu Sec 26 UC	Urban	◆ ¹	◆	◆	◆	◆	◆	
<i>Mufulira</i>	54. Kamuchanga DH	Urban	◆ ²	◆	◆	◆	◆ ³		
	55. Ronald Ross GH	Urban	◆ ²	◆	◆	◆	◆ ³		
	56. Clinic 3 Mine Clinic	Urban		◆	◆	◆		◆	
	57. Kansunswa HC	Rural		◆	◆	◆		◆	
	58. Clinic 5 Clinic	Urban		◆	◆	◆		◆	
	59. Mokambo Clinic	Rural		◆	◆	◆		◆	
	60. Suburb Clinic	Urban		◆	◆	◆			
<i>Kalulushi</i>	61. Kalulushi GRZ Clinic	Urban	◆ ²	◆	◆	◆	◆ ³		
	62. Chambishi HC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	63. Chibuluma Clinic	Urban	◆ ¹	◆	◆	◆			
<i>Chililabombwe</i>	64. Kakoso District HC	Urban	◆ ²	◆	◆	◆	◆ ³		
	65. Lubengele UC	Urban	◆ ¹	◆	◆	◆	◆	◆	
<i>Lufwanyama</i>	66. Mushingashi RHC	Rural		◆	◆	◆		◆	
	67. Lumpuma RHC	Rural	◆ ¹	◆	◆	◆		◆	
	68. Shimukunami RHC	Rural	◆ ¹	◆	◆	◆	◆	◆	
<i>Mpongwe</i>	69. Kayenda RHC	Rural		◆	◆	◆			
	70. Mikata RHC	Rural		◆	◆	◆			
	71. Ipumba RHC	Rural		◆	◆	◆			
<i>Masaiti</i>	72. Kashitu RHC	Rural		◆	◆	◆			
	73. Jeleman RHC	Rural		◆	◆	◆			
	74. Masaiti Boma RHC	Rural		◆	◆	◆			
Totals			41	72	74	74	29	49	

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission

◆ ZPCT II existing services (61 urban & 13 rural facilities)	1 = ART Outreach Site (29)
⊙ MC sites	2 = ART Static Site (12)
⊙ ¹ MC services initiated	3 = Referral laboratory for CD4

Luapula Province

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
<i>Chienge</i>	1. Puta RHC	Rural	◆ ²	◆	◆	◆	◆ ³	◆	
	2. Kabole RHC	Rural	◆ ²	◆	◆	◆		◆	
	3. Chipungu RHC	Rural		◆	◆	◆			
<i>Kawambwa</i>	4. Kawambwa DH	Rural	◆ ²	◆	◆	◆	◆ ³		⊙
	5. Mbereshi Hospital	Rural	◆ ²	◆	◆	◆	◆ ³		⊙
	6. Kawambwa HC	Rural		◆	◆	◆		◆	
	7. Mushota RHC	Rural		◆	◆	◆		◆	
	8. Munkanta RHC	Rural	◆ ¹	◆	◆	◆			
<i>Mansa</i>	9. Mansa GH	Urban	◆ ²	◆	◆	◆	◆ ³		
	10. Senama HC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	11. Central Clinic	Urban	◆ ²	◆	◆	◆	◆	◆	
	12. Matanda RHC	Rural		◆	◆	◆		◆	
	13. Chembe RHC	Rural	◆ ²	◆	◆	◆	◆	◆	
	14. Buntungwa RHC	Urban		◆	◆	◆		◆	
	15. Chipete RHC	Rural		◆	◆	◆			
	16. Chisembe RHC	Rural		◆	◆	◆			
	17. Chisunka RHC	Rural		◆	◆	◆			
	18. Fimpulu RHC	Rural		◆	◆	◆			
	19. Kabunda RHC	Rural		◆	◆	◆		◆	
	20. Kalaba RHC	Rural		◆	◆	◆		◆	
	21. Kalyongo RHC	Rural		◆	◆	◆			
	22. Kasoma Lwela RHC	Rural		◆	◆	◆		◆	
	23. Katangwe RHC	Rural		◆	◆	◆		◆	
	24. Kunda Mfumu RHC	Rural		◆	◆	◆			
	25. Luamfumu RHC	Rural		◆	◆	◆		◆	
	26. Mabumba RHC	Rural		◆	◆	◆		◆	
	27. Mano RHC	Rural		◆	◆	◆		◆	
	28. Mantumbusa RHC	Rural		◆	◆	◆		◆	
	29. Mibenge RHC	Rural		◆	◆	◆		◆	
	30. Moloshi RHC	Rural		◆	◆	◆		◆	
	31. Mutiti RHC	Rural		◆	◆	◆			
	32. Muwang'uni RHC	Rural		◆	◆	◆		◆	
	33. Ndoba RHC	Rural		◆	◆	◆		◆	
	34. Nsonga RHC	Rural		◆	◆	◆		◆	
	35. Paul Mambilima RHC	Rural		◆	◆	◆			
<i>Milenge</i>	36. Mulumbi RHC	Rural		◆	◆	◆			
	37. Milenge East 7 RHC	Rural		◆	◆	◆			
	38. Kapalala RHC	Rural		◆	◆	◆			
<i>Mwense</i>	39. Mambilima HC (CHAZ)	Rural	◆ ¹	◆	◆	◆	◆ ³	◆	
	40. Mwense Stage II HC	Rural	◆ ¹	◆	◆	◆	◆ ³		
	41. Chibondo RHC	Rural			◆	◆		◆	
	42. Chipili RHC	Rural		◆	◆	◆		◆	
	43. Chisheta RHC	Rural		◆	◆	◆		◆	
	44. Kalundu RHC	Rural			◆	◆		◆	
	45. Kaoma Makasa RHC	Rural		◆	◆	◆		◆	
	46. Kapamba RHC	Rural		◆	◆	◆		◆	
	47. Kashiba RHC	Rural		◆	◆	◆		◆	

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
	48. Katuta Kampemba RHC	Rural		◆	◆	◆		◆	
	49. Kawama RHC	Rural		◆	◆	◆		◆	
	50. Lubunda RHC	Rural		◆	◆	◆		◆	
	51. Lukwesa RHC	Rural		◆	◆	◆		◆	
	52. Luminu RHC	Rural			◆	◆			
	53. Lupososhi RHC	Rural			◆	◆			
	54. Mubende RHC	Rural		◆	◆	◆			
	55. Mukonshi RHC	Rural		◆	◆	◆			
	56. Mununshi RHC	Rural			◆	◆		◆	
	57. Mupeta RHC	Rural			◆	◆		◆	
	58. Musangu RHC	Rural		◆	◆	◆		◆	
	59. Mutipula RHC	Rural			◆	◆		◆	
	60. Mwenda RHC	Rural	◆ ²	◆	◆	◆	◆	◆	
<i>Nchelenge</i>	61. Nchelenge RHC	Rural	◆ ²	◆	◆	◆		◆	
	62. Kashikishi RHC	Rural	◆ ²	◆	◆	◆	◆	◆	
	63. Chabilikila RHC	Rural	◆ ²	◆	◆	◆		◆	
	64. Kabuta RHC	Rural	◆ ²	◆	◆	◆		◆	
	65. Kafutuma RHC	Rural	◆ ²	◆	◆	◆		◆	
	66. Kambwali RHC	Rural	◆ ²	◆	◆	◆		◆	
	67. Kanyembo RHC	Rural	◆ ²	◆	◆	◆		◆	
	68. Chisenga RHC	Rural	◆ ¹	◆	◆	◆		◆	
	69. Kilwa RHC	Rural	◆ ¹	◆	◆	◆		◆	
	70. St. Paul's Hospital (CHAZ)	Rural	◆ ²	◆	◆	◆	◆ ³		
<i>Samfya</i>	71. Lubwe Mission Hospital (CHAZ)	Rural	◆ ²	◆	◆	◆	◆ ³		
	72. Samfya Stage 2 Clinic	Rural	◆ ¹	◆	◆	◆	◆	◆	
	73. Kasanka RHC	Rural	◆ ¹	◆	◆	◆			
Totals			25	66	73	73	14	41	2

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission

◆ ZPCT II existing services (4 urban & 69 rural facilities)	1 = ART Outreach Site (8)
⊙ MC sites	2 = ART Static Site (17)
⊙ ¹ MC services initiated	3 = Referral laboratory for CD4

Northern Province

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
<i>Kasama</i>	1. Kasama GH	Urban	◆	◆	◆	◆	◆ ³		
	2. Kasama UHC	Urban		◆	◆	◆		◆	
	3. Location UHC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	4. Chilubula Mission (CHAZ)	Rural	◆	◆	◆	◆	◆ ³		
	5. Lukupa RHC	Rural	◆	◆	◆	◆		◆	
	6. Lukashya RHC	Rural		◆	◆	◆			
	7. Misengo RHC	Rural							
	8. Chiongo RHC	Rural		◆	◆	◆			
	9. Chisanga RHC	Rural		◆	◆	◆			
	10. Mulenga RHC	Rural		◆	◆	◆			
	11. Musa RHC	Rural		◆	◆	◆			
<i>Nakonde</i>	12. Nakonde RHC	Rural	◆	◆	◆	◆	◆ ³		
	13. Chilolwa RHC	Rural		◆	◆	◆		◆	
	14. Waitwika RHC	Rural		◆	◆	◆		◆	
	15. Mwenzo RHC	Rural		◆	◆	◆		◆	
	16. Ntatumbila RHC	Rural		◆	◆	◆			
	17. Chozi RHC	Rural		◆	◆	◆			
<i>Mpika</i>	18. Mpika DH	Urban	◆	◆	◆	◆	◆ ³		⊙
	19. Mpika HC	Urban		◆	◆	◆		◆	
	20. Mpipo RHC	Rural		◆	◆	◆			
<i>Chinsali</i>	21. Chinsali DH	Urban	◆	◆	◆	◆	◆ ³		⊙
	22. Chinsali HC	Urban		◆	◆	◆		◆	
<i>Mbala</i>	23. Mbala GH	Urban	◆	◆	◆	◆	◆ ³		⊙
	24. Mbala UHC	Urban		◆	◆	◆		◆	
	25. Tulemane UHC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	26. Senga Hills RHC	Rural	◆ ¹	◆	◆	◆			
<i>Mpulungu</i>	27. Mpulungu HC	Urban	◆ ¹	◆	◆	◆	◆	◆	
<i>Isoka</i>	28. Isoka DH	Urban	◆	◆	◆	◆	◆ ³		⊙
	29. Isoka UHC	Urban		◆	◆	◆			
	30. Muyombe	Rural	◆ ¹	◆	◆	◆	◆		
<i>Mporokoso</i>	31. Mporokoso DH	Urban	◆	◆	◆	◆	◆ ³		⊙
	32. Mporokoso UHC	Urban		◆	◆	◆			
<i>Luwingu</i>	33. Luwingu DH	Urban	◆	◆	◆	◆	◆		⊙
	34. Namukolo Clinic	Urban		◆	◆	◆			
<i>Kaputa</i>	35. Kaputa RHC	Rural	◆	◆	◆	◆			
	36. Nsumbu RHC	Rural		◆	◆	◆			
Totals			16	35	35	35	13	11	6

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission

◆ ZPCT II existing services (17 urban & 19 rural facilities)	1 = ART Outreach Site (5)
⊙ MC sites	2 = ART Static Site (10)
⊙ ¹ MC services initiated	3 = Referral laboratory for CD4

North-Western Province

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
<i>Solwezi</i>	1. Solwezi UHC	Urban	◆	◆	◆	◆	◆ ³		
	2. Solwezi GH	Urban	◆	◆	◆	◆	◆ ³		
	3. Mapunga RHC	Rural		◆	◆	◆		◆	
	4. St. Dorothy RHC	Rural	◆ ¹	◆	◆	◆	◆	◆	
	5. Mutanda HC	Rural		◆	◆	◆		◆	
	6. Meheba D RHC	Rural		◆	◆	◆		◆	
	7. Mumena RHC	Rural		◆	◆	◆		◆	
	8. Kapigimpanga HC	Rural		◆	◆	◆			
	9. Kanuma RHC	Rural		◆	◆	◆			
	10. Kyafukuma RHC	Rural		◆	◆	◆			
	11. Lwamala RHC	Rural		◆	◆	◆			
<i>Kabompo</i>	12. Kabompo DH	Urban	◆	◆	◆	◆	◆ ³		⊙
	13. St. Kalemba (CHAZ)	Rural	◆ ¹	◆	◆	◆	◆	◆	
	14. Mumbeji RHC	Rural		◆	◆	◆		◆	
	15. Kasamba RHC	Rural		◆	◆	◆			
<i>Zambezi</i>	16. Zambezi DH	Urban	◆	◆	◆	◆	◆ ³		
	17. Zambezi UHC	Urban			◆	◆		◆	
	18. Mize HC	Rural		◆	◆	◆		◆	
	19. Chitokoloki Mission (CHAZ)	Urban	◆ ¹	◆	◆	◆	◆ ³		
<i>Mwinilunga</i>	20. Mwinilunga DH	Urban	◆	◆	◆	◆	◆ ³		⊙
	21. Kanyihampa HC	Rural		◆	◆	◆		◆	
	22. Luwi Mission (CHAZ)	Rural	◆ ¹	◆	◆	◆	◆		
	23. Ikelenge RHC	Rural		◆	◆	◆			
	24. Lwawu RHC	Rural		◆	◆	◆			
<i>Mufumbwe</i>	25. Mufumbwe DH	Rural	◆ ¹	◆	◆	◆	◆ ³		
	26. Matushi RHC	Rural		◆	◆	◆			
	27. Kashima RHC	Rural		◆	◆	◆			
	28. Mufumbwe Clinic	Rural		◆	◆	◆	◆		
<i>Chavuma</i>	29. Chiyeke RHC	Rural	◆ ¹	◆	◆	◆		◆	
	30. Chivombo RHC	Rural		◆	◆	◆	◆		
	31. Chiingi RHC	Rural		◆	◆	◆			
	32. Lukolwe RHC	Rural		◆	◆	◆			
<i>Kasempa</i>	33. Kasempa UC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	34. Nselauke RHC	Rural		◆	◆	◆			
Totals			12	33	34	34	13	12	2

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission

◆ ZPCT II existing services (8 urban & 26 rural facilities)	1 = ART Outreach Site (7)
⊙ MC sites	2 = ART Static Site (5)
⊙ ¹ MC services initiated	3 = Referral laboratory for CD4

ANNEX C: ZPCT II ART Sites (As of December 31, 2009)

Province	District	Facility	Static	Outreach	Parent Site (report data under this site)
Central	Chibombo	1. Chisamba		Outreach	
		2. Liteta Hospital	Static		
		3. Mwachisompola Demo Zone		Outreach	
	Kabwe	4. Kabwe General Hospital	Static		
		5. Kabwe Mine Hospital	Static		
		6. Kasanda		Outreach	
		7. Katondo		Outreach	
		8. Mahatma Gandhi Memorial		Outreach	
		9. Makululu		Outreach	
		10. Ngungu		Outreach	
		11. Pollen		Outreach	
		12. Natuseko		Outreach	
	Kapiri Mposhi	13. Kapiri Mposhi DH	Static		
		14. Kampumba RHC		Outreach	
		15. Mukonchi RHC	Static		
		16. Nkole RHC		Outreach	
		17. Waya RHC		Outreach	
	Mkushi	18. Masansa		Outreach	
		19. Mkushi District Hospital	Static		
		20. Chalata		Outreach	Mkushi District Hospital
	Serenje	21. Chitambo Hospital	Static		
		22. Mpelembe RHC		Outreach	
		23. Serenje Hospital	Static		
Copperbelt	Chililabombwe	24. Kakoso	Static		
		25. Lubengele Clinic		Outreach	
	Chingola	26. Chiwempala		Outreach	
		27. Kabundi East		Outreach	
		28. Nchanga North Hospital	Static		
		29. Clinic 1		Outreach	
		30. Muchinshi		Outreach	
	Kalulushi	31. Chambishi Govt Clinic		Outreach	
		32. Chilubuma		Outreach	
		33. Kalulushi Govt Clinic	Static		
	Kitwe	34. Buchi Main		Outreach	
		35. Bulangililo		Outreach	
		36. Chavuma		Outreach	
		37. Chimwemwe		Outreach	
		38. Ipusukilo		Outreach	
		39. Kamfinsa	Static		
		40. Kawama		Outreach	
		41. Kitwe Central Hospital	Static		
		42. Luangwa		Outreach	
		43. Mindolo 1 Clinic	Static		
		44. Mulenga		Outreach	
		45. Ndeke		Outreach	
		46. Zamtan		Outreach	
		47. ZNS		Outreach	

Province	District	Facility	Static	Outreach	Parent Site (report data under this site)
Copperbelt	Luanshya	48. Mpatamatu Clinic		Outreach	
		49. Roan Antelope Hospital	Static		
		50. Thomson Hospital	Static		
	Lufwanyama	51. Lumpuma		Outreach	
		52. Shimukunami		Outreach	
	Mufulira	53. Kamuchanga District Hospital	Static		
		54. Ronald Ross General Hospital	Static		
	Ndola	55. Arthur Davison Hospital	Static		
		56. Chipokota Mayamba		Outreach	
		57. Kansenshi Prison		Outreach	
		58. Kavu		Outreach	
		59. Kaniki		Outreach	
		60. Lubuto		Outreach	
		61. Mahatma Gandhi		Outreach	
		62. New Masala		Outreach	
		63. Ndola Central Hospital	Static		
		64. Twapia		Outreach	
Luapula	Chiengi	65. Kabole RHC	Static		
		66. Puta RHC	Static		
	Kawambwa	67. Kawambwa District Hospital	Static		
		68. Mbereshi Mission Hospital	Static		
		69. Munkanta RHC		Outreach	
	Mansa	70. Central Clinic	Static		
		71. Chembe RHC	Static		
		72. Mansa General Hospital	Static		
		73. Senama		Outreach	
	Mwense	74. Mambilima		Outreach	
		75. Mwense		Outreach	
		76. Mwenda	Static		
	Nchelenge	77. Chabilikila	Static		
		78. Chisenga Island		Outreach	
		79. Kabuta	Static		
		80. Kafutuma	Static		
		81. Kambwali	Static		
		82. Kanyembo	Static		
		83. Kashikishi	Static		
		84. Kilwa Island		Outreach	
		85. Nchelenge HC	Static		
		86. St. Paul's Hospital	Static		
	Samfya	87. Kasanka RHC		Outreach	
		88. Lubwe Mission Hospital	Static		
		89. Samfya Stage II		Outreach	
Northern	Chinsali	90. Chinsali District Hospital	Static		
	Isoka	91. Isoka District Hospital	Static		
		92. Muyombe		Outreach	
	Kasama	93. Chilubula	Static		
		94. Kasama General Hospital	Static		
		95. Location		Outreach	
		96. Lukupa RHC	Static		Kasama GH

Province	District	Facility	Static	Outreach	Parent Site (report data under this site)
	Luwingu	97. Luwingu Hospital	Static		
	Mbala	98. Mbala Hospital	Static		
		99. Tulemane		Outreach	
	Mpika	100. Senga Hill		Outreach	
		101. Mpika DH	Static		
	Mporokoso	102. Mporokoso District Hospital	Static		
		103. Mporokoso UHC		Outreach	Mporokoso DH
	Mpulungu	104. Mpulungu HC		Outreach	
North-Western	Nakonde	105. Nakonde HC	Static		
	Chavuma	106. Chiyeke	Static		
	Kabompo	107. Kabompo District Hospital	Static		
		108. St Kalembe		Outreach	Kabompo DH
	Kasempa	109. Kasempa		Outreach	
	Mufumbwe	110. Mufumbwe Hospital		Outreach	
	Mwinilunga	111. Mwinilunga District Hospital	Static		
		112. Luwi Mission		Outreach	
	Solwezi	113. Solwezi General Hospital	Static		
		114. Solwezi Urban		Outreach	
		115. St. Dorothy		Outreach	Solwezi Urban Clinic
	Zambezi	116. Chitokoloki Mission Hospital		Outreach	
		117. Zambezi District Hospital	Static		

- ART services available in 36 of the 39 supported districts
- 117 ART sites of which 113 report independently and four report under bigger facilities
- 52 are static and 65 are outreach sites

ANNEX D: ZPCT II Graduated Districts (As of December 31, 2009)

Province	District	Health Facility
Central	Mkushi	Chalata
		Chibefwe
		Chikupili
		Masansa
		Mkushi District Hospital
		Nshinso
Copperbelt	Kalulushi	Chambishi Govt Clinic
		Chilubuma
		Kalulushi Govt Clinic
	Luanshya	Mikomfwa
		Mpatamatu Clinic
		Roan Antelope Hospital
Luapula	Samfya	Thomson Hospital
		Kasanka RHC
		Lubwe Mission Hospital
		Samfya Stage II
Northern	Chinsali	Chinsali District Hospital
		Chinsali UHC
	Kasama	Chiongo
		Chisanga
		Chilubula
		Kasama General Hospital
		Kasama UHC
		Location
		Lukashya
		Lukupa RHC
		Misengo
		Mulenga
		Musa
	Mpika	Mpepo RHC
		Mpika DH
		Mpika UHC
	Nakonde	Chilolwa RHC
		Chozi
		Mwenzu
		Nakonde HC
		Ntatumbila
		Waitwika
North-Western	Kabompo	Kasamba RHC
		Kabompo District Hospital
		Mumbeji RHC
		St Kalembe
	Mufumbwe	Kashima RHC
		Matushi RHC
		Mufumbwe Clinic
		Mufumbwe District Hospital

ANNEX E: List of ZPCT II Signed Recipient Agreements/Subcontracts/MoUs

Recipient Agreements/Subcontracts			
Province/District/Hospitals	Award Period	Amount Awarded	Obligated Amount to Date
Central			
1. Central PHO	September 1, 2009 – May 31, 2010	\$701,052	\$701,052
2. Chibombo DHO	August 1, 2009 – May 31, 2010	\$60,418	\$60,418
3. Kabwe DHO	August 1, 2009 – May 31, 2010	\$83,570	\$83,570
4. Kabwe GH	August 1, 2009 – May 31, 2010	\$57,612	\$57,612
5. Kapiri Mposhi DHO*	August 1, 2009 – May 31, 2010	\$347,990	\$347,990
6. Mkushi DHO	August 1, 2009 – May 31, 2010	\$39,062	\$39,062
7. Serenje DHO	August 1, 2009 – May 31, 2010	\$113,780	\$113,780
Copperbelt			
8. Arthur Davison CH	August 1, 2009 – May 31, 2010	\$100,344	\$100,344
9. Chililabombwe DHO	August 1, 2009 – May 31, 2010	\$42,822	\$42,822
10. Chingola DHO	August 1, 2009 – May 31, 2010	\$120,456	\$120,456
11. Copperbelt PHO	September 1, 2009 – May 31, 2010	\$995,936	\$995,936
12. Kalulushi DHO	August 1, 2009 – May 31, 2010	\$36,717	\$36,717
13. Kitwe Central Hospital	August 1, 2009 – May 31, 2010	\$31,047	\$31,047
14. Kitwe DHO	August 1, 2009 – May 31, 2010	\$213,983	\$213,983
15. Luanshya DHO	August 1, 2009 – May 31, 2010	\$50,535	\$50,535
16. Lufwanyama DHO	August 1, 2009 – May 31, 2010	\$14,589	\$14,589
17. Masaiti DHO*	August 1, 2009 – May 31, 2010	\$72,202	\$72,202
18. Mpatamatu HBC**	September 1, 2009 – May 31, 2010	\$0	\$0
19. Mpongwe DHO*	August 1, 2009 – May 31, 2010	\$49,107	\$49,107
20. Mufulira DHO	August 1, 2009 – May 31, 2010	\$65,345	\$65,345
21. Nchanga North	August 1, 2009 – May 31, 2010	\$12,659	\$12,659
22. Ndola Catholic Diocese**	September 1, 2009 – May 31, 2010	\$0	\$0
23. Ndola Central Hospital	August 1, 2009 – May 31, 2010	\$19,243	\$19,243
24. Ndola DHO	August 1, 2009 – May 31, 2010	\$158,114	\$158,114
25. Roan GH	August 1, 2009 – May 31, 2010	\$21,838	\$21,838
26. Ronald Ross	August 1, 2009 – May 31, 2010	\$41,542	\$41,542
Luapula			
27. Chiengi DHO	August 1, 2009 – May 31, 2010	\$98,495	\$98,495
28. Kawambwa DHO	August 1, 2009 – May 31, 2010	\$83,829	\$83,829
29. Luapula PHO	September 1, 2009 – May 31, 2010	\$579,846	\$579,846
30. Mansa DHO	August 1, 2009 – May 31, 2010	\$102,693	\$102,693
31. Mansa GH	August 1, 2009 – May 31, 2010	\$80,225	\$80,225
32. Milenge DHO	August 1, 2009 – May 31, 2010	\$56,528	\$56,528
33. Mwense DHO	August 1, 2009 – May 31, 2010	\$64,829	\$64,829
34. Nchelenge DHO	August 1, 2009 – May 31, 2010	\$95,924	\$95,924
35. Samfya DHO	August 1, 2009 – May 31, 2010	\$57,831	\$57,831
Northern			
36. Chinsali DHO	August 1, 2009 – May 31, 2010	\$9,761	\$9,761
37. Isoka DHO	August 1, 2009 – May 31, 2010	\$35,507	\$35,507
38. Kasama DHO	August 1, 2009 – May 31, 2010	\$147,898	\$147,898
39. Kasama GH	August 1, 2009 – May 31, 2010	\$57,612	\$57,612
40. Kaputa DHO*	August 1, 2009 – May 31, 2010	\$65,594	\$65,594
41. Luwingu DHO	September 1, 2009 – May 31, 2010	\$16,728	\$16,728
42. Mbala DHO	August 1, 2009 – May 31, 2010	\$39,807	\$39,807
43. Mbala GH	August 1, 2009 – May 31, 2010	\$54,486	\$54,486
44. Mpika DHO	September 1, 2009 – May 31, 2010	\$13,544	\$13,544
45. Mpulungu DHO	August 1, 2009 – May 31, 2010	\$9,445	\$9,445
46. Mporokoso DHO	August 1, 2009 – May 31, 2010	\$35,094	\$35,094
47. Nakonde DHO	August 1, 2009 – May 31, 2010	\$85,122	\$85,122
48. Northern PHO	September 1, 2009 – May 31, 2010	\$551,735	\$551,735
North-Western			
49. Chavuma DHO	September 1, 2009 – May 31, 2010	\$194,070	\$194,070

50. Kabompo DHO	August 1, 2009 – May 31, 2010	\$22,683	\$22,683
51. Kasempa DHO	August 1, 2009 – May 31, 2010	\$22,847	\$22,847
52. Mufumbwe DHO	August 1, 2009 – May 31, 2010	\$133,047	\$133,047
53. Mwinilunga DHO	August 1, 2009 – May 31, 2010	\$19,662	\$19,662
54. North-Western PHO	September 1, 2009 – May 31, 2010	\$412,146	\$412,146
55. Solwezi DHO	August 1, 2009 – May 31, 2010	\$153,312	\$153,312
56. Solwezi GH	August 1, 2009 – May 31, 2010	\$54,250	\$54,250
57. Zambezi DHO	September 1, 2009 – May 31, 2010	\$11,541	\$11,541
Lusaka			
58. University Teaching Hospital	September 1, 2009 – May 31, 2010	\$61,055	\$61,055
59. Management Science for Health	June 1, 2009 – May 31, 2010	\$9,589,414	\$1442,345
60. CARE International	June 1, 2009 – May 31, 2010	\$12,434,993	\$906,480
61. Emerging Markets Group	June 1, 2009 – May 31, 2010	\$1,653,120	\$151,621
62. Social Impact	June 1, 2009 – May 31, 2010	\$351,464	\$74,880
63. Salvation Army	June 1, 2009 – May 31, 2010	\$211,976	\$13,543
64. Churches Health Association of Zambia	August 1, 2009 – May 31, 2010	\$227,418	\$227,418
65. KARA Counseling and Training Trust	September 1, 2009 – May 31, 2010	\$387,329	\$387,329

* New District Health Offices

** Memorandum of Understanding (MoU)

ANNEX F: ZPCT II Training Courses and Numbers Trained

Training Course	Training Dates	Province	Number Trained
Basic CT for HCWs	Nov 2 – 13, 2009	Luapula	20
	Nov 16 – 28, 2009	Central	20
		Total	40
Basic CT for lay counselors	Nov 2 – 13, 2009	Northern	20
	Nov 16 – 28, 2009	Central	21
	Nov 23 – Dec 5, 2009	Copperbelt	21
		Total	62
Basic Child CT for HCWs	Nov 2 – 13, 2009	North-Western	14
	Nov 8 – 15, 2009	Central	15
	Nov 23 – 28, 2009	Copperbelt	15
		Total	44
Basic Child CT for lay counselors	Dec 14 – 19, 2009	Copperbelt	15
		Total	15
Couple CT for HCWs	Nov 16 – 21, 2009	Northern	20
	Nov 16 – 21, 2009	North-Western	20
	Nov 30 – Dec 5, 2009	Copperbelt	20
		Total	60
Couple CT for lay counselors	Nov 2 – 7, 2009	Northern	20
	Nov 23 – 28, 2009	North-Western	20
		Total	40
CT Supervision for HCWs	Nov 16 – 28, 2009	Luapula	12
		Total	12
CT Supervision for lay counselors	Nov 7 – 18, 2009	Central	12
		Total	12
Youth CT for lay counselors	Dec 7 – 12, 2009	North-Western	17
		Total	17
PMTCT for HCWs	Oct 19 – 24, 2009	Northern	25
	Nov 16 – 21, 2009	Northern	24
	Dec 14 – 19, 2009	Northern	25
	Oct 19 – 24, 2009	Central	25
	Nov 2 – 7, 2009	Central	25
	Dec 14 – 19, 2009	Central	25
	Nov 1 – 8, 2009	North-Western	25
	Dec 7 – 12, 2009	North-Western	21
	Nov 9 – 14, 2009	Copperbelt	25
	Dec 7 – 12, 2009	Copperbelt	25
	Dec 14 – 19, 2009	Copperbelt	25
	Nov 9 – 14, 2009	Luapula	21
	Nov 30 – Dec 5, 2009	Luapula	19
		Total	310
PMTCT for lay counselors	Nov 9 – 15, 2009	Central	25
	Dec 14 – 19, 2009	Luapula	25
		Total	50
PMTCT Refresher for HCWs	Oct 19 – 24, 2009	Copperbelt	23
		Total	23

Training Course	Training Dates	Province	Number Trained
ART/OIs	Nov 8 – 20, 2009	Central	23
	Nov 16 – 27, 2009	Northern	21
	Dec 7 – 18, 2009	Luapula	23
		Total	67
ART/OIs (In-house)	Nov 16 – 21, 2009	Copperbelt	25
	Nov 23 – 28, 2009	Copperbelt	23
		Total	48
ART/OIs Paediatrics	Nov 30 – Dec 5, 2009	Copperbelt	28
	Dec 7 – 18, 2009	Copperbelt	25
	Dec 7 – 18, 2009	Central	25
		Total	78
Male Circumcision Training of Trainers (TOT)	Nov 23 – 28, 2009	Central	2
		Luapula	2
		Northern	2
		North-Western	2
		Total	8
Male Circumcision	Dec 12 – 19, 2009	Central	12
	Dec 12 – 19, 2009	Northern	13
		Total	25
Adherence Counseling for ASWs	Nov 22 – Dec 4, 2009	Luapula	25
		Total	25
Dry Blood Spot (DBS) Collection	Nov 11, 2009	Central	25
	Nov 23, 2009	Northern	9
	Nov 24, 2009	Northern	5
	Nov 25, 2009	Northern	2
	Dec 3, 2009	Northern	4
	Dec 15, 2009	Copperbelt	7
	Dec 17, 2009	Central	10
	Dec 22, 2009	Copperbelt	13
	Dec 28, 2009	Luapula	25
		Total	100
Family Planning	Dec 7 – 12, 2009	Central	25
	Dec 14 – 18, 2009	Luapula	22
		Total	47
Equipment Use and Maintenance	Dec 8 – 11, 2009	Northern	14
	Dec 14 – 18, 2009	Copperbelt	1
		Luapula	14
		Northern	12
		Total	41
ART Commodity Management A for Lab and Pharmacy	Nov 15 – 21, 2009	Copperbelt	12
		North-Western	10
		Total	22

ANNEX G: Meetings and Workshops this Quarter (Oct-Dec 2009)

Technical Area	Meeting/Workshop/Trainings Attended
PMTCT	<p>October 2, 2009 PMTCT/Paediatric HIV TWG meeting. The purpose of this meeting was for the TWG members to meet a team of visitors from CDC Atlanta and USAID/Washington who were in Zambia to get updates on partners' PMTCT activities including their achievements and challenges. The visiting team recommended the following among other things:</p> <ul style="list-style-type: none"> ▪ A need to increase the use of more efficacious ARV regimes for PMTCT ▪ Zambia to consider incorporating clinical assessment of anemia in the PMTCT trainings ▪ Encourage study tours among partners to promote sharing of best practices ▪ Consider giving AZT at time of diagnosis of HIV and HB $\geq 7\text{g/dl}$ instead of 10g/d
	<p>October 8, 2009 UNICEF Luapula MNCH/PMTCT integration initiative meeting: The meeting was organized and hosted by UNICEF. The meeting discussed UNICEF's proposed initiative which was going to target three districts in Luapula. The initiative is intended at strengthening the Maternal Newborn and Child Health (MNCH)/PMTCT integration with a view to addressing some of the gaps noted in the service delivery.</p>
	<p>October 8, 2009 EID Sub committee meeting held at Clinton foundation. ZPCT II staff participated in this meeting to update the under-five community and facility registers by integrating the PMTCT stamp which is on the under -five card into the two registers. This was to improve on the lost to follow up and in preparation for the upcoming child health week activities. The 2nd dose of measles was added to the immunization schedule for under-five children. This will be given at 18 months as a booster dose according to the WHO guidelines and this will commence in January 2010.</p>
	<p>December 8 – 10, 2009 4th National ART Technical update seminar held at intercontinental hotel. ZPCT II CT/PMTCT staff participated in the three days ART Update Seminar whose theme was "Scaling up HIV Prevention while Providing Quality Chronic Care. The objectives of the workshop included the following:</p> <ul style="list-style-type: none"> ▪ Review progress made in HIV care and ART provision in Zambia, ▪ Share best practices, lessons learned, challenges and future directions, ▪ Discuss the renewed focus in HIV prevention strategies and the various aspects of quality chronic HIV care including ART, highlight aspects of HIV co-morbidities including non-HIV related chronic conditions and ▪ Discuss and obtain input for strategic planning on treatment (ART) for the next National HIV/AIDS Strategic Framework (NASF), 2010 -2015.
	<p>December 11, 2009 PMTCT/Paediatric HIV TWG meeting held at Ministry of Health boardroom. The members met to review the WHO November 2009 recommendations on the use of antiretroviral drugs for treating pregnant women and preventing HIV infection in infants. Stakeholders were urged to strengthen district laboratories in CD4 assessments and considering procurement of more CD4, hemocue machines and other lab equipment. The meeting also noted a need for an adhoc meeting for the nutrition TWG group to consider the WHO recommendations in view of infant feeding. Feed back to be given to the PMTCT TWG latest January 2010.</p>
CT	<p>October 21, 2009 The unit participated in the world AIDS day preparatory meetings held at NAC. This was the second meeting. The meeting got updates on the tasks that the sub committees were following up. A youth organization called Response Against Poverty, Ignorance and Disease (RAPID) also made a presentation on the Kick-the-Ball Campaign aimed at reaching out to 10,000 youths between 15-24 years of age with information on HIV prevention.</p>
CT/PMTCT	<p>October 12-16, 2009 The CT/PMTCT unit held a meeting at blue Nile in Lusaka. This was also attended by the provincial technical advisors.. The meeting focused on reviewing achievements made since the last meeting held during the previous quarter; challenges experienced; discuss the new technical strategies; orient the new staff and plan the way forward.</p>
	<p>November 3 – 5, 2009 National HIV Prevention Convention held at Mulungushi Conference centre, Lusaka. The theme for this meeting was "Securing Zambia's future". The objectives of the meeting included the following:</p> <ul style="list-style-type: none"> ▪ Revision of the current Zambia HIV epidemic, ▪ Examining critically the current programmatic response to HIV in Zambia

Technical Area	Meeting/Workshop/Trainings Attended
	<p>▪ Sensitizing./ mobilizing leadership in Zambia to have renewed commitment It was noted that the HIV burden in Zambia was beyond the capacity of the government alone. The six drivers of the epidemic were also highlighted and discussed.</p> <p>December 2, 2009 National external quality assurance (EQA) meeting: The three days meeting, organized by CDC was held at Chrisma Hotel in Lusaka. CDC presented the results of their EQA assessments they did across the country.</p>
MC	<p>October 13, 2009 Service delivery subcommittee of the MC TWG: ZPCT II participated in the review and finalization of the terms of reference (ToR) for the subcommittee at MOH.</p> <p>October 15, 2009 <i>MC National Technical Working Group meeting:</i> The national technical working group members met at SFH to finalize the tools that were to be used in the MC national situation analysis that was due in November 2009.</p>
ART/CC	<p>November 12, 2009 <i>CHAMP/Global Development Alliance (GDA) Technical meeting:</i> ZPCT II participated in this meeting at Mulungushi International Conference Center called to look at the Public Private Partnership in the new program under COMETS. ZPCT II made a presentation on emerging issues in Pre-ART and ART which touched on new innovative areas such as Prevention with Positives and chronic HIV care by screening for co-morbidities.</p> <p>December 8 – 10, 2009 <i>ART Update Conference:</i> ZPCT II was the lead during the 2009 update conference in collaboration with MOH and other partners. Various program/policy issues, strategic planning for 2010 to 2015 and technical clinical updates were discussed at the conference. A comprehensive report is being compiled and will be ready in the next quarter</p> <p>December 14, 2009 <i>Medical Council of Zambia (MCZ) – 7th expert panel committee meeting:</i> ZPCT participated in this meeting which was called to review accreditation assessment reports from Copperbelt, Lusaka, Eastern, Luapula and Southern Provinces. A total of 34 sites were accredited 19 ZPCT and 15 non-ZPCT sites in Luapula and Copperbelt Provinces. Re-assessment will be conducted in sites that did not meet the accreditation criteria at least 6 months from the last one.</p> <p>December 22, 2009 <i>NAC Treatment, Care and Support Theme Group 4th Quarter Consultative Meeting;</i> A special request was made to ZPCT II by NAC secretariat to make a presentation on/highlights of critical issues that were discussed at the 2009 fourth National ART Update Conference that was held from 8th to 10th December 2009.</p>
Pharmacy, Laboratory, PCR	<p>November 9 – 13, 2009 <i>Unit Quarterly Review Meeting:</i> The unit held its quarterly unit review meeting at Blue Crest Lodge; all unit staff from the provincial offices as well as Lusaka attended. MSH Zambia staff attended. Present at the meeting was the MSH project support leader from Arlington who participated in the review of project activities and in the planning of unit implementation for ZPCT II.</p>
Laboratory	<p>November 9, 2009 <i>Laboratory Activities Update Meeting:</i> ZPCT II attended this meeting with the CDC Consultant Virologist at which an update on national implementation plans for laboratory activities, particularly on External Quality Programs to assess performance of laboratories nation wide were discussed. Plans for partner participation and how the systems will be strengthened in the long term with ZPCT II Laboratory strategy as a supportive background were also discussed.</p> <p>November 18, 2009 <i>Laboratory Accreditation Discussion:</i> this meeting was held between CDC and ZPCT II to discuss issues on accreditation and sustainability plans for laboratory services in Zambia. ZPCT II staff including the MSH Laboratory, Catherine Mundy attended the meeting at CDC offices.</p> <p>December 2 – 4, 2009 <i>HIV EQA Dissemination Workshop:</i> this meeting was convened by MOH in conjunction with CDC and held at Chrismar Hotel. In attendance were ZPCT II technical staff and all partners implementing laboratory programs in Zambia. The main agenda of the meeting was to disseminate the results from the national HIV EQA program that was piloted for HIV testing using DTS panels last quarter. The challenges experienced in participating sites, including ZPCT II sites were highlighted, noting training of trainers and re-training of testers as probable ways forward to address the issues raised. The difficulty of some testers understanding the whole QA</p>

Technical Area	Meeting/Workshop/Trainings Attended
	<p>process was also identified as a major challenge. The final recommendation for the way forward is being awaited from MOH.</p> <p>December 10, 2009 <i>Laboratory IQC Dissemination Workshop:</i> MOH in collaboration with JICA held a two day dissemination workshop on the findings on the use of the Laboratory IQC documentation pilot. ZPCT II attended together with other implementing partners. The assessment looked at the utilisation of the IQC documents per facility, challenges noted in the implementation of the process and planning for onward strengthening of the Laboratory IQC documentation systems. The MOH will provide guidance on the way forward with regard to revised documentation and their implementation at a follow up meeting scheduled for early next year.</p>
Pharmacy	<p>November 3, 2009 <i>Review of National ART Pharmacy Standard Operating Procedures Meeting:</i> ZPCT II hosted this meeting, convened by MOH to discuss the review of the ART Pharmacy SOPs. The review committee was constituted and the terms of reference drawn up for the committee. The review process was agreed upon and a follow up meeting at which the full review committee would be present was scheduled for early next quarter.</p> <p>December 11, 2009 <i>SCMS/ZPCT II Collaboration Meeting:</i> ZPCT II attended this meeting with SCMS at the JSI offices to discuss and strategize on how JSI and ZPCT could strengthen the various logistics systems on the ground following reports of repeated stock outs of various commodities in various ZPCT supported facilities. Training plans were reviewed and it was agreed that as an additional measure, there is need to conduct orientation with the ZPCT II staff in the provincial offices to enable them provide effective TA in the implementation of the logistics systems in use. Additionally the issue of duplication of site visits from ZPCTII and JSI was discussed. It was agreed that the two projects would share their provincial visit plan with to facilitate collaboration on visits and avoid any duplication of efforts.</p> <p>November 23, 2009 <i>Male Circumcision Logistics Meeting:</i> ZPCT II attended this meeting held at the USAID Deliver project offices. This meeting was held to discuss and decide on general assumptions i.e. demographic, patients/clients targets, service statistics data to determine needs and to conduct a rapid Male Circumcision commodities forecasting & quantification assumptions building. In attendance were MOH, SFH, JSI, SCMS, ZPCT II, JHPIEGO, MSI and CHAMP. Plans for the way forward included follow up meetings to determine the following: The different MC kit contents for adults and neonates; Partners roll out plans in comparison with MOH plans at national level; Consideration of QC issues during program expansion; Comprehensive service delivery package for HIV/AIDS services; Instruments/equipment supplements to be provided by partners. Plans were also made to develop the MC Strategy and Implementation Plan 2010-2020</p> <p>December 15, 2009 <i>Reproductive Health Commodity Security (RHCS) Strategic Plan Development Process kick-off meeting:</i> ZPCT II attended this meeting hosted by MOH with support from USAID Deliver project and UNFPA, held at Cresta Golf View hotel. The main purpose of the meeting was to provide participants with a conceptual understanding of RHCS. Accomplishments for the meeting included identification of a list of priority issues / challenges, establishment of an initial consensus on priority commodities, establishment of the RHCS secretariat, presentation of the RHCS assessment methodology, and a review of the roadmap for RHCS strategy development process. Follow-up issues include the development of the RHCS secretariat draft TORs and the development of the RHCS strategy road map.</p> <p>December 15, 2009 <i>Nutrition Technical Working Group Adhoc Meeting:</i> This meeting was held in the ministry of health MOH Boardroom to review the new WHO recommendations on HIV, PMTCT and infant feeding. In attendance were ZPCT II, IYCN, VALID, UTH, WVI, EGPAF, FANTA 2, UNICEF, and other partners. The deliberations included discussions on the appropriateness of the guidelines, the preferred ARV regimen for PMTCT clients, the cost, logistical and other implications, and the general implications of change of IYCF recommendations. The way forward included submission of deliberations and recommendations to the PMTCT TWG and that the recommendations should feed into the new guidelines being prepared as an addendum to the ones being used in the health facilities.</p>

ANNEX H: Mobile CT Data

District	Males Counseled and Tested			Females Counseled and Tested			Children Counseled and Tested		
	<i>Total</i>	<i># positive</i>	<i>% positive</i>	<i>Total</i>	<i># positive</i>	<i>% positive</i>	<i>Total</i>	<i># positive</i>	<i>% positive</i>
Chingola	27	4	14.8%	9	3	33.3%	7	1	14.3%
Kabwe	461	57	12.4%	200	19	9.5%	22	2	9.1%
Kaputa	32	2	6.3%	1	0	0	1	0	0
Kasama	154	3	1.9%	101	5	4.8%	3	0	0
Mwense	61	5	8.2%	34	2	5.9%	0	0	0
Mansa	97	12	12.4%	83	15	18.1%	10	1	10%
Mpulungu	109	1	0.9%	21	0	0	6	0	0
Ndola	56	12	21.4%	91	13	14.3%	37	1	2.7%
Solwezi	164	3	13.1%	278	17	6.1%	111	0	0
Grand Total	1,161	99	8.5%	818	74	9.0%	197	5	2.5%

ANNEX I: Status of Laboratory Equipment (Oct – Dec, 2009)

Item	Facility	Instrument	Condition	Action	Current Status
CD4	Kabwe General Hospital	FACSCalibur	Non-functional; users not confident with use as instrument was non-functional for long period.	Vendor replaced faulty part and conducted onsite re-orientation of staff in equipment use.	Functional and in use.
	Ronal Ross	FacsCount	Old instrument with frequent breakdowns. Mother-board needed replacement.	Vendor replaced faulty part.	Functional and in use. Facility management has submitted a request to ZPCTII for the replacement of the instrument due to frequent breakdowns and the age of the instrument.
	Lubuto Clinic	FacsCount	Minor equipment fault.	Vendor repaired instrument.	Functional and in use.
	Thompson Hospital	FacsCount	Minor equipment fault.	Vendor repaired instrument.	Functional and in use.
	Samfya Stage II	FacsCount	Minor equipment fault.	Vendor repaired instrument.	Functional and in use.
	Putu RHC	FacsCount	Minor equipment fault.	Vendor repaired instrument.	Functional and in use.
	Kashikishi RHC	FacsCount	Had no instrument. ZPCT II relocated from Samfya Stage II.	Successfully installed by vendor.	Functional and in use.
Chemistry Analyzer	Katondo HC	Humalyser 2000	Minor equipment fault.	Vendor repaired instrument.	Functional and in use.
	Makululu HC	Humalyser 2000	Minor equipment fault.	Vendor repaired instrument.	Functional and in use.
	Mahatma Gandhi MC	Humalyser 2000	Printer mechanism faulty. Halogen lamp needs replacement.	Vendor assessed instrument. Replacement parts need to be procured by user.	Pending repairs.
	Ngungu	Humalyser 2000	Printer mechanism faulty. Pump PCB for flow cell needs replacement.	Vendor assessed instrument. Replacement parts need to be procured by user.	Pending repairs.
	Mufumbwe RHC	Humalyser 2000	Instrument giving abnormal chemistry results.	ZPCT II technical staff provided troubleshooting on site; vendor provided guidance remotely.	Functional and in use. Vendor to provide further onsite re-orientation in equipment use and maintenance to users.
	Ronal Ross GH	Cobas Integra	Broken probe requiring replacement.	Vendor replaced broken probe.	Functional and in use.

Item	Facility	Instrument	Condition	Action	Current Status
Haematology Analyzer	Mansa General Hospital	ABX Pentra 80	Printer not functional as cartridges not easily available locally.	Printer replaced with more regular laser jet printer with easy access to cartridges locally.	Functional and in use. Vendor to provide more comprehensive onsite training for users.
	Mahatma Gandhi MC	Sysmex pocH 100i	Fault due to high volumes of samples. Instrument is over-worked.	Vendor transported instrument to workshop in Lusaka for repairs as they could not be done on site. DHO approved move.	Pending repairs. ZPCT procured higher throughput instrument to be installed next quarter.
	Kawama Clinic	Sysmex pocH 100i	Faulty probe.	Vendor notified but not yet repaired.	Pending repairs.
	Nakonde RHC	Sysmex pocH 100i	Non-functional due to crystallization in tubes.	Vendor transported instrument to workshop in Lusaka for repairs as they could not be done on site. DHO approved move.	Pending repairs.
	Solwezi General Hospital	ABX Pentra 80	Non-functional. Needing replacement of some parts.	Vendor repaired instrument.	Functional and in use.
	Chinsali District Hospital	ABX Micros 60	Non-functional. Fault yet to be verified.	Vendor notified but not yet repaired.	Pending repairs.

ANNEX J: Activities Planned for the Next Quarter (Jan – March, 2010)

Objectives	Planned Activities	2010		
		Jan	Feb	Mar
Objective 1: Expand existing HIV/AIDS services and scale up new services, as part of a comprehensive package that emphasizes prevention, strengthens the health system, and supports the priorities of the MOH and NAC.				
1.1: Expand counseling and testing (CT) services	Provide ongoing technical assistance to all supported sites	x	x	x
	Provide improved follow up for CT clients testing HIV negative by encouraging re-testing in three months and referring them appropriately to MC, FP & other relevant community based services.	x	x	x
	Strengthen CT services in old and initiate in new sites	x	x	x
	Administer QA/QI tools as part of technical support to improve quality of services	x	x	x
	Implement youth friendly CT and provide youth centered job aids	x	x	x
	Strengthen and expand specimen referral system for DBS, CD4 and other tests.			
	Refer uncircumcised male clients for MC in all ZPCT II supported sites	x	x	x
	Conduct mobile CT for hard to reach areas	x	x	x
1.2: Expand prevention of mother-to-child transmission (PMTCT) services	Strengthen the use of community PMTCT counselors to address staff shortages	x	x	x
	Mentor TBAs already working as lay PMTCT counselors to provide prevention education, adherence support and mother-baby pair follow up in the community	x	x	x
	Routinely offer repeat HIV testing to HIV negative pregnant women in third trimester	x	x	x
	Strengthen male involvement in PMTCT	x	x	x
	Strengthen family planning integration in HIV/AIDS services			
	Expand nutrition messages on exclusive breastfeeding and appropriate weaning in collaboration with the IYCN program	x	x	x
	Strengthen the provision of more efficacious ARV regimens for PMTCT	x	x	x
	Administer QA/QI tools as part of technical support to improve quality of services	x	x	x
	Strengthen mother-baby follow up including initiation of cotrimoxazole prophylaxis and DBS sample collection at six weeks for HIV exposed babies	x	x	x
	Strengthen documentation of services in supported facilities	x	x	x
	Continue working with PMTCT community counselors to establish and support HIV positive mother support groups at the facility and community levels	x	x	x
	Work in collaboration with CARE to promote and strengthen male involvement in PMTCT service	x	x	x
	Continue to strengthen DBS sample collection	x	x	x
1.3: Expand treatment services and basic health care and support	Scale-up ART to new health facilities and districts	x	x	x
	Initiate implementation of new technical activities including Prevention With Positives	x	x	x
	Administer QA/QI tools as part of technical support to improve quality of services	x	x	x
	Implementation of enhanced TB/HIV collaboration activities	x	x	x
	Continue working with facility and DHMT staff to prepare ART sites for Accreditation	x	x	x
	Identify, assess and prepare to start implementation of activities in Private Sector and Model sites	x	x	x
	Screening of ART clients in the ART clinics for chronic conditions including diabetes and hypertension	x	x	x
1.4: Scale up male circumcision (MC) services	Male circumcision trainings for health workers and implementation of service delivery activities	x	x	x

Objectives	Planned Activities	2010		
		Jan	Feb	Mar
Objective 2: Increase the involvement and participation of partners and stakeholders to provide a comprehensive HIV/AIDS service package that emphasizes prevention, strengthens the health system, and supports the priorities of the MOH and NAC				
2.1: Strengthen laboratory and pharmacy support services and networks	Hold stakeholders’ meetings to facilitate the ongoing review of the ART pharmacy and ART laboratory SOPs	x	x	x
	Provide ongoing technical assistance to all the supported sites	x	x	x
	Strengthen and expand the specimen referral system for DBS, CD4 and other tests	x	x	x
	Train HCWs in equipment use and maintenance, and ART commodity management	x	x	x
	Strengthen CD4 sample referral in supported facilities	x	x	x
	Administer QA/QI tools as part of technical support to improve quality of services			
	Support the dissemination of guidelines and SOPs for laboratory services.		x	x
	Strengthen the implementation of the HIV EQA DTS program for quality assurance for HIV testing.	x	x	x
	Monitor and strengthen the implementation of the CD4 testing EQA program .	x	x	x
	Two ZPCT II provincial technical staff will attend a training in Good Clinical Laboratory Practice		x	
	ZPCT II provincial technical staff will be trained by SCMS to provide more focused technical assistance in the implementation of the logistics systems. This will be implemented during next quarter.		x	x
	Support the dissemination of ADR registers in support of the national pharmacovigilance program.	x	x	x
2.2: Develop the capacity of facility and community-based health workers	Trainings for healthcare workers in ART/OI, pediatric ART, adherence counseling and an orientation on prevention for positives	x	x	x
	Trainings for community volunteers in adherence counseling, orientation in enhanced TB/HIV collaboration and prevention for positives	x	x	x
	Train HCWs in equipment use and maintenance, and ART commodity management	x	x	x
	Train HCWs and community volunteers in the various CT and PMTCT courses	x	x	x
	Train people living with HIV/AIDS in adherence counseling		x	
	Conduct community mapping in seven new districts to initiate referral network activities.		x	x
Objective 3: Increase the capacity of the PHOs and DHOs to perform technical and program management functions.				
	Conduct a stakeholders meeting for implementing capacity building programs for PHOs and DHOs	x		
	Develop assessment tools for assessing capacity building needs	x	x	
	Conduct assessments in the PHOs and DHOs and determine interventions for PHOs and DHO	x	x	
	Develop training modules		x	x
Objective 4: Build and manage public-private partnerships to expand and strengthen HIV/AIDS service delivery, emphasizing prevention, in private sector health facilities.				
	Initiate the process for identifying and assessing the six private sector facilities for year one		x	x
Objective 5: Integrate service delivery and other activities, emphasizing prevention, at the national, provincial, district, facility, and community levels through joint planning with the GRZ, other USG and non-USG partners.				
M&E and QA/QI				
	Conduct field orientation for new SI/M&E staff	x	x	x
	Conduct semi annual data audit		x	x
	Conduct orientation for new ZPCT II staff in QA/QI	x	x	x
	Conduct DEC QA/QI orientations in two provinces	x	x	x
	Update QA/QI procedure manual	x	x	x
	Update graduation and sustainability strategy	x	x	x

Objectives	Planned Activities	2010		
		Jan	Feb	Mar
Program Management				
Program	Conduct a program/finance meeting for Lusaka/provincial program and finance staff to review program management systems for ZPCT II		x	
	ZPCT II partners meeting	x		
	Development of tender documents and signing of contracts for new renovations		x	x
	Refurbishment of the mission health facilities, including; Lubwe, Mambilima, and St. Kalemba		x	x
	Procurement of equipment and furniture for CHAZ staff and the mission heath facilities	x	x	x
	Recruitment of data entry clerks at St. Kalemba and Lubwe	x	x	
Finance	Grants manual to be submitted for approval		x	
	Prepare for audit	x	x	
HR	Complete the hiring for remaining vacancies	x	x	
	Staff orientations for new staff	x	x	
	Complete staff probation evaluations	x	x	x